ADULT WOMEN PHYSICALLY ABUSED AS CHILDREN

BY

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Dedicated to

Martha Tuvell von Gunten

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Previous research with physically abused children has indicated that abuse may have deleterious effects on the psychosocial functioning of the child with possible negative impact on future development. The purpose of this study was to examine, in depth, predominantly non-client, adult women who were physically abused as children or teenagers by a parent or parent-surrogate, to assess their current psychosocial functioning and explore the possible long-term effects of physical abuse.

Case studies and group data were presented of 11 women who participated in a psychosocial interview and completed the MMPI, Tennessee Self-Concept Scale, and Rotter Incomplete Sentences Blank. All subjects were abused until adolescence or early adulthood by a parent, family member, or guardian. The majority were also subsequently abused by a spouse or male partner. The majority of women who had children had also abused at least one of their children (most frequently their first-born).

Results indicated that in most areas the women were functioning at an average to below average level and experienced difficulties related to self-esteem, impaired impulse control and cognitive functioning, poor interpersonal relationships, distrust of men and women, inadequate social skills, isolation and depression. Self-mutilation and self-destructive behaviors found in previous research with abused children were reported less often by the women in this study, whereas academic problems, delinquent behavior, recurring nightmares and phobias were frequently reported. The subjects reported a disturbingly high incidence of drug and alcohol abuse as adults as well as poor work histories.

Results also indicated that the difficulties experienced by women physically abused as children were similar to those found with adult women who were sexually abused as children. Physically abused women, however, reported considerable distrust of women as well as men. Marital conflicts, sexual difficulties, fear and loneliness characterized many of the subjects' lives. Recurring themes were parental death and divorce and marital and family discord.

Conclusions of this study were that the effects of physical abuse even without serious injuries may be long-term and negatively impact adult psychological and social functioning. However, in spite of decreased functioning, adults abused as children are not likely to seek help for the numerous difficulties they experience. Implications regarding early identification and treatment were discussed.

CHAPTER ONE
INTRODUCTION

Statement of the Problem

The nature of violence among different societies has long been the concern of social scientists in both the United States and abroad. However, one particular form of violence, violence among family members, has been a neglected area of study, despite the fact that most people live in some kind of family structure. In the past, literature on violent crime focused on the perpetrator or aggressor, or the violent act, and only in recent years have professionals given attention to the third element of violent crime, the victim. In the case of violence in the family, the victims are almost exclusively women and children. These two sets of victims, battered women and abused children, have only recently been identified and studied by professionals in the social sciences.

Violence between husband and wife, and violence between parent and child are not independent phenomena. An interesting relationship exists between these two forms of family violence that has been substantiated repeatedly. Husbands who batter their wives most often come from homes in which they were beaten or where they witnessed their fathers battering their mothers. In addition, a less significant but sizeable percentage of battered women were also beaten as children or saw their mothers beaten by their fathers (Roy, 1977). It has frequently been documented that physically abused children are more

likely to become violent, abusing adults (Curtis, 1963; Silver, Dublin, and Lourie, 1969), lending support to the hypothesis that violence breeds violence.

Victimology is the study of victims and their behavior. In the past, researchers in this area placed considerable emphasis on the contribution of victims to their suffering and victims' responsibility--blame even--for the violence enacted against them. Blaming the victim has been especially true in the case of such crimes of violence as rape and is seen as well in the study of battered women, and even to some degree, in the study of abused children. Female victims in particular are often viewed as eliciting, precipitating, even enjoying the violence committed against them. Psychology has supported and even promoted this belief through the concept of feminine masochism, which, according to Freud (1919/1955, 1931/1961), was an expression of "feminine nature" and was associated with passivity.

Professionals today who work with victims of violence, and in particular with women who have been raped or battered, are questioning the assumptions of prior researchers regarding victim blame and masochistic tendencies. Alternative theories which explore women's vulnerability to violence and victimization through early sex-role socialization and culturally-determined processes are being postulated (Shainess, 1979; Walker, 1977). An example of this alternative approach is Walker's (1979) application of the social learning theory of learned helplessness to explain why the battered woman becomes a victim in the first place and how the process of victimization is perpetuated to the point of psychological paralysis.

Briefly, the theory of learned helplessness, which originally developed from Martin Seligman's (1975) laboratory research with animals and humans, states that if organisms experience situations which cannot be controlled (such as physical abuse), then the organisms lose their motivation to respond and become passive. With repeated exposure to such uncontrolled events, the individual's cognitive ability to perceive success is changed. If the individuals make appropriate responses which do control events, they have difficulty believing that the responses are under their control and that they really do work. They have learned and come to believe that they are helpless, not only in the specific situation that has occurred but, by the process of generalization, in all areas of their lives. Seligman (1975) believed that individuals who have learned helplessness are more prone to depression. Walker (1977) also found battered women to be more prone to depression and anxiety.

Symonds (1975) also studied the psychological effects and after-effects of violence upon the victim. According to Symonds, the victims of violent attack or crime react in much the same way psychologically as individuals who experience sudden and unexpected loss. They experience shock, denial, apathy, recrimination and inner-directed rage, with occasional angry outbursts, until resolution occurs. Symonds stated that these are the same phases seen in depression. Depression is a common response to loss, which in the case of physical attack may mean the loss of trust in the attacker if he/she is a family member and in society, loss of self-esteem and loss of feelings of invulnerability.

Symonds also stated that in those situations where the victim is in extended contact with the aggressor (as in child abuse or spouse abuse) and is dependent upon that person for care, protection, etc., the possibility of psychological repercussions long after the act are increased. He believed that the fright response becomes frozen in these dependent victims. The fear reaction is so profound and overwhelming that the victim feels hopeless about getting away. Symonds observed this response more frequently with women victims. It is also not uncommon for the victim to experience nightmares and develop phobias as an outgrowth of the frozen fright response.

The aforementioned studies focused primarily on the response of adults to violence, in particular adult women who are battered by men, and paint a bleak picture. However, when the concept of physical abuse or violence is applied to children, the picture becomes even darker. Would not the psychological impact of violence be even greater on children who not only are dependent upon their adult caretakers, but also lack the physical, social and psychological resources to deal with or escape a physical attack by parents?

Although the abuse of children has its roots deep in history, it is only recently that child abuse was identified as a major problem nationally, and efforts expended to curb and prevent these practices. The first official case of child abuse in the United States was identified in 1874 in New York City by a nurse named Etta Wheeler (Fontana, 1964). Child abuse, however, if it was a problem, was considered for many years to be a minor one and a rare occurrence. In spite of the fact that physicians and other professionals saw many cases of child abuse over the next century, they were extremely

reluctant to make the connection between unexplained fractures, bruises, burns and cuts in children and parental abuse.

In 1946, Dr. John Caffey, a radiologist, very cautiously and tentatively put forth the idea that perhaps the unspeakable was true, i.e., that these children were being abused by their parents. It was not until 1961, however, that the term "battered-child syndrome" was coined by Dr. C. Henry Kempe to describe the previously mysterious injuries suffered by young children at the hands of their parents. Kempe and his colleagues (Kempe, Silverman, Steele, Droegmueller, and Silver, 1962) then went on to conduct a nationwide survey to determine the extent of this phenomenon and subsequently reported an alarming incidence of battered children across the country.

Kempe and others (Fontana, 1976; Gil, 1970; Helfer and Kempe, 1974; Kempe and Kempe, 1978; Walters, 1975) did much in the areas of both research and treatment to draw attention to the long neglected problem of child abuse. As our knowledge in the area of child abuse grew, so did the complexity and breadth of the topic expand. From research that began with descriptions of children's injuries, child abuse expanded to encompass such areas as sexual and psychological abuse, neglect, legal considerations, treatment and prevention programs, typology of abusers, and family interactions.

Generally the research today on child abuse primarily focuses on four major areas. The first is that of identifying and/or treating the infant or young child who is abused or is at risk. A hopeful note in the field is the attempt at early prevention of child abuse where perinatal factors such as prematurity and Caesarian section have been found to be related to the abuse pattern. Only recently was the

abused adolescent identified as a victim of violence in the family and attention drawn to the need for further study of this group of abused young people. Another major area of research consists of identifying and/or treating the parent or adult who is an abuser or at risk. Recent developments in this area include more comprehensive family treatment programs.

A third area of research focuses on environmental factors which may influence the family at risk or add increased stress. A fourth area of research consists of assessing the effects of abuse on the child with occasional follow-up conducted to determine effects over time. Unfortunately, the time, expense and difficulty of conducting longitudinal studies acts as a prohibiting factor in this type of research. As a consequence, little is known about the long-term effects of child abuse, and it will be some time before we have any definitive answers. It is with this last area of research, i.e., the effects of child abuse, that this study is concerned, and the adult functioning of abused children.

Need for the Study

Research on both the immediate and long-term effects of child abuse provides limited but rather disturbing information. Maden and Wrench (1977) in their review of the literature stated that retrospective studies of juvenile offenders and violent criminals indicated an association with antecedent child abuse. Other studies with children (Kline, 1977; Martin and Beezley, 1977; Morgan, 1979) indicated a variety of behavioral disorders, educational and emotional problems, and high incidence of placement in special facilities such as state hospitals, detention centers and custodial facilities.

Self-destructive behaviors, such as self-mutilation and suicide attempts, were found to occur with significantly higher frequency among physically abused children (Green, 1978b).

Elmer and Gregg (1967) in their study of abused children found that mental retardation, emotional disturbance and speech problems characterized many of these children. Ego deficits, negative self-concept and impaired impulse control contributed to difficulties in social interaction and aggression according to a number of studies of abused children (Cohen, 1977; George and Main, 1979; Green, 1978a; Kinard, 1978; Reidy, 1977; Terr, 1970). Studies of abused adolescents found problems in separation and control (Lourie, 1977), poor home adjustment, intolerance, rigidity and deficient socialization (Rogers and LeUnes, 1979). In addition to studies of actual abused children, physical abuse was implicated in studies of suicide attempts and self injury (Connell, 1972; Wenz, 1979), running away from home (Brennan, Huizinga, and Elliot, 1978; Johnson and Carter, 1980), and character disorders (Blumberg, 1979).

Almost all of the aforementioned studies focused on the effects of abuse on the child or adolescent at the time of the abuse or shortly thereafter. All of the research on effects of abuse was done with individuals 18 years old or younger, and the majority of it done with those who were under 13. Furthermore, the current treatment and research programs focus, with good reason, on the abused child and/or the abusing parent(s). However, there are many adults who experienced the trauma of physical abuse at the hands of their parents, who are neglected in the areas of both research and treatment. This potentially sizeable adult population has been virtually ignored by

those in the field of child abuse. As a result, we know very little regarding the long-term effects of abuse, or the difficulties these adults experience which may be related to their earlier abuse.

The one exception is in the area of sexual abuse. Case studies of adult women in therapy (Peters, 1976; Sloane and Karpinski, 1942; Summit and Kryso, 1978) have been cited as lending support to the hypothesis that childhood sexual trauma may be a significant determinant of adult psychological disturbances. A study by Tsai, Feldman-Summers and Edgar (1979) found that women who were sexually molested as children differed substantially from women who did not experience sexual abuse with regard to later adult adjustment. In another study (Tsai and Wagner, 1978) of women in therapy for sexual molestation as children, the women were found to have intense feelings of guilt and depression, a negative self-image, and problems in interpersonal relationships. These studies indicate that early experiences of sexual abuse do indeed have long-term effects on the abused individuals.

Although there is not total agreement, estimates put the incidence of physical abuse considerably higher than that of sexual abuse (Besharov, 1977). The long-term effects of physical abuse is a sparsely researched area of study, particularly with an adult population over 18. Although the effects of early sexual abuse of women by males are beginning to be studied, there is no comparable study of adult women who were physically abused as children. It is not known what impact early physical abuse has on later adult functioning; what patterns, if any, these women's lives take; or what factors mitigated their abusive experiences. In particular, it is

unknown what effect early physical abuse by a primary caretaker has on their subsequent interpersonal relationships.

Purpose of the Study

The purpose of this study was to a) examine by case studies the current functioning of adult women who were physically abused as children, develop psychosocial profiles of these women, and obtain historical data regarding their abuse and subsequent interpersonal functioning; b) identify any patterns or common themes in these women's lives which may relate to their early abuse; and c) generate hypotheses for future research in this neglected area of study.

Significance of the Study

A study of this nature is significant for two primary reasons. It contributes to the research in the area of physical abuse, specifically that portion dealing with long-term effects of abuse. Until adequate longitudinal studies of abused children can be conducted, information from and about adults who experienced abuse as children is necessary and helpful in understanding the effects of abuse and providing directions for future research.

This type of study is also significant with regard to therapeutic applications in cases of abuse. Although some researchers have discussed therapeutic interventions with abused children, or with adult women who were sexually abused, no appropriate intervention strategies have been developed for work with adult women who were physically abused as children. Information about the long-term effects of abuse, current psychological functioning and factors that may have mitigated the negative effects of abuse is especially useful to professionals

such as psychologists, physicians or social workers who may have opportunities to intervene or help women who were abused as children.

Definition of Terms

Physical abuse was personally defined by the individual adult women who participated in the study. The assumption was made that if a woman believed she had been physically abused, then she was likely to respond or act accordingly.

Female child was defined as a female under the age of 18.

Parent was defined as the biological father or mother, parent-surrogate, such as a step-parent or foster-parent, or other adult relative who was the guardian or primary caretaker of the child.

Adult woman referred to a woman 18 years of age or older.

Organization of the Study

Chapter Two includes a review of the related literature on the effects of child abuse, aberrant behavior and personality disorders where physical abuse has been indicated, effects of childhood sexual abuse on adult women, battered women and victimology. Chapter Three describes the research design, research questions, population and sample, instruments, procedures, analysis of the data, and limitations of the study. The results of the study and a discussion of these results are presented in Chapter Four. In Chapter Five the implications of the study, summary and recommendations are presented.

CHAPTER TWO
REVIEW OF THE LITERATURE

This review of the related literature aims at surveying the most recent and significant research about adult women who were physically abused as children. As no research has been done in this specific area, it seems appropriate to include literature on effects of physical abuse, particularly developmental problems experienced by the abused child (which might continue into adulthood or affect adult functioning); literature which examines other psychosocial phenomena, yet mentions child abuse as a possible contributing factor; studies of adult women who were sexually abused as children; and literature which relates to battered women and victimology.

The first section reviews studies concerned with the effects of physical abuse on children and adolescents. The second section reviews studies of aberrant behavior where physical abuse was indicated. Studies of adult women who were sexually abused as children comprise section three, and section four examines relevant literature on battered women and victimology.

Effects of Child Abuse

In a well-known study of developmental characteristics of abused children, Elmer and Gregg (1967) attempted to evaluate 50 children who were hospitalized over a period of 13 years for injuries suspected to be the result of child abuse. At the time of the study, eight children were deceased (almost all as a

result of abuse or neglect), five were institutionalized, and the remaining six families refused to participate. Only 20 of the original 50 children (10 females and 10 males) available met the criteria for the study as being unanimously judged as abused. Although the sample was small, meaningful patterns emerged. The children were assessed with regard to physical development, intellectual functioning, emotional health, speech and physical defects. Only two of the 20 children were found to be normal in all the areas considered.

Perhaps the most disturbing finding of this study was that 50 percent of the group were assessed as mentally retarded upon re-evaluation. Nine of the children had speech problems, and eight were diagnosed as mentally disturbed. The children who were still living in their original homes at the time of reevaluation (10 of the 20) exhibited greater incidence of below normal physical development and intellectual functioning than those who had been removed from the home. As limited as the children in this study appeared to be at follow-up, later reports indicated that some were having increasing difficulty as they approached adolescence, indicating that the effects of child abuse may indeed be long-lasting.

In another retrospective study of 50 children, ages 22 months to 13 years, who had been physically abused when younger, Martin and Beezley (1977) diagnosed these children with regard to nine characteristics. These characteristics were 1) impaired ability for enjoyment, 2) behavioral symptoms, 3) low self-esteem, 4) withdrawal, 5) opposition (resistance and aggression), 6) hypervigilence, 7) compulsiveness, 8) precocious behavior, and 9) school learning problems. They found the nine characteristics to be over-represented

in the children studied, with a particularly large number (over 50 percent) having low self-esteem. Although there was no control for statistical evidence for this over-representation, the authors, very appropriately, expressed concern about a population of children who exhibited marked unhappiness, poor self-concept, learning problems, and psychological symptoms.

Martin and Beezley postulated that the physical pain and abuse per se may not be as traumatic as other factors such as separation, rejection and deprivation of pleasure which often accompany abuse. They also addressed the therapeutic needs of abused children, something that other researchers have rarely done. They stressed that treating the abusing parent or parents alone, with whatever type of therapy, may or may not affect the parent-child interaction, and that the abused child has unique problems and may need various forms of treatment to deal with the cognitive, social and psychological wounds.

Kline's (1977) study of 138 abused and neglected children found a high incidence of these children in classes for the emotionally disturbed, learning disabled or educable mentally retarded, and in special facilities such as the state mental hospital and Boys' Ranch. By reviewing case files, Kline found that the subjects were frequently reported to exhibit behaviors/traits, such as hostility, aggressiveness, withdrawal, fearfulness and poor social relationships, which indicated psychological problems. Some of these characteristics were found to differ depending on the type of abuse--sexual, physical or neglect. Sexually abused children were categorized as having the greatest number of detrimental traits and were the only category in which hostility was reported (in 46 percent of the subjects).

Analysis of academic achievement was incomplete and only reported on raw scores; however, 75 of 102 subjects were below grade level in spelling, mathematics and/or reading. Again, sexually abused children showed the greatest deficits, with neglected children showing the least.

Morgan (1979), in a study of 42 emotionally disturbed (in special classes) abused children, obtained a psycho-educational profile which differed significantly from a control group of emotionally disturbed non-abused children. The experimental and control group children studied were from six to ten years old, average or above average in intelligence, and matched by age, sex, IQ and diagnostic category. All were given the Illinois Test of Psycholinguistic Abilities (ITPA), and teachers provided descriptive data concerning their behavioral characteristics and social interaction styles. All of the abused children were significantly deficient on five subtests (auditory reception, visual reception, verbal expression, grammatic and auditory closure) of the ITPA which indicated disabilities on learning specific subject matter.

The teacher observations also indicated qualitative differences between the two groups on both their behavioral and social interaction styles. The abused children were described by their teachers as 1) unpredictable in their expression of anger and aggression, 2) bright, but not working to capacity, 3) impulsive, and 4) having short attention spans. The interaction style of the abused children was described as hesitancy about involvement in group activities, reluctance to attempt different things, exaggerated fear of failure,

and trembling and crying when confronted with a new lesson, activity or situation.

The abused children were often more verbal or gestural in their aggression as opposed to physical attacks, and when they did act out, their behaviors were almost immediately followed by overtures to make amends by being "excessively sweet". They more frequently provoked or encouraged other children to fight and spent much of their day "tattling" on others or complaining to the teacher about their classmates' misdeeds. These behavioral observations of the abused children revealed poor impulse control, a passive-aggressive style of relating to others, and fearful, non-assertive behavior. Additionally, scores on the ITPA indicated deficient psycholinguistic ability, which Morgan speculated was a result of the severe ego dysfunctions stemming from abuse and battering.

Terr (1970) supports Morgan's hypothesis of ego defects in abused children. Over a period of six years, he studied ten cases of suspected child abuse with the aim of evaluating and following the progress of the families. Information was gathered using various methods of individual and family assessment. In three of the infants he observed, ego defects consisted of withdrawal, indifference to the mother, and psychomotor retardation.

A "Hail fellow well met" attitude to any adult characterized the ego defects in three of the older children, as well as shallow relationships with the parents and lack of differentiation among relationships to others. With one exception, the children with ego defects had lived with the abuser as the main caretaker and depended largely upon the abuser for emotional support during early

development. The remaining children who did not exhibit ego defects had been somewhat separate from the abuser in early life.

In a study by Green (1978b) of self-destructive behavior in battered children, ego deficits as well as impaired impulse control were also implicated as contributing factors. Green found a significantly higher incidence (40.6 percent) of self-destructive behavior, i.e., self-biting, self-cutting, self-burning, hair-pulling, head-banging, suicide attempts, suicide threats and gestures, in 59 abused children as compared to a normal control group or a group of neglected children. All children ranged in age from five years zero months to 12 years 11 months. In the large majority of cases, self-destructive behavior was precipitated by parental beatings or occurred in response to actual or threatened separation from key parental figures.

The high incidence of self-destructive behavior in a latency and pre-adolescent age group was especially noteworthy because these behaviors are rare in this age group in the general population. Self-destructive activity only occurs in significant proportions after the onset of puberty. Green asserted that the sequelae of child abuse pertinent to the development of self-destructive behavior were poor self-concept, global ego function deficits and impaired impulse control. These deficits most likely stemmed from the acute traumatic abusive episodes, the harsh, rejecting child-rearing environment, early deprivation and object loss, and parental scapegoating of the child.

Another study by Green (1978a) described the major psychopathology and behavioral deviancy observed in 20 abused children during their participation in a therapeutic treatment program. The

children (two-thirds were boys and one-third were girls) ranged in age from five to 14 years and were seen twice weekly in outpatient psychotherapy for three years. Seventy percent were black, and the remainder were equally divided between white and Hispanic. The vast majority of children were subjected to recurrent abuse during the first two years of life.

Green found numerous areas of disturbance. The abused children exhibited an overall impairment of ego functioning associated with intellectual and cognitive deficits and a high incidence of mental retardation. They were often found to be hyperactive and impulsive with minimal frustration tolerance. Motor activity, rather than verbalization, was the preferred mode of expression. These children also displayed traumatic reactions with acute anxiety states. When exposed to the frightening threat of annihilation and/or abandonment during an abusive episode, the children experienced feelings of helplessness, humiliation and fear which were often accompanied by a loss of ego boundaries. The anxiety states occurred prior to or during a beating, or in the anticipation of an attack, and these children frequently displayed psychotic behavior at this time due to the severe ego regression. There was a striking tendency for these children to continually re-enact the traumatic situation in an attempt to recreate, master and control the painful affects and anxiety. Even in the therapeutic relationship, the children assumed the role of "bad child" and sought punishment from the therapist.

Pathological object relations were also observed in these children with potential new objects regarded with fear and apprehension. The abused children were not able to achieve Erikson's

(1950) stage of basic trust and expected other adults to reject or maltreat them. They were involved in a perpetual search for "good" objects to protect them from the "bad" ones. The abused children also relied excessively on the use of primitive defense mechanisms such as denial, projection, introjection, and splitting in order to cope with threatening external and internalized parental images. They were unable to integrate the loving and hostile aspects of their parents and others. Splitting mechanisms were more frequently observed in those children who were abused by the parent who provided most of their nurturing.

Green found impaired impulse control and poor self-concept were also major areas of disturbance. The children were often cited for aggressive and destructive behavior at home and in school. They were frequently sad, dejected and deprecatory. These children ultimately came to regard themselves with the same displeasure and contempt that their parents directed toward them. They assumed their abuse was a consequence of their own behavior, regardless of their actual innocence. Negative self-concept and poor impulse control were contributing factors in the high incidence of self-destructive behaviors exhibited by these children. Suicide attempts, gestures, threats, self-mutilation, and accident proneness were commonly seen. Green stated that the self-destructive behavior of abused children may be conceived as the end result of the transformation of low self-esteem and self-hatred into action.

The last two areas of disturbance observed in the abused children were difficulties in separation and in school adjustment. The children often reacted to actual or threatened separation and object

loss with intense anxiety. This reaction was related to numerous experiences in infancy and childhood of separation and abandonment by parental figures, and to the withdrawal of parental love implied by repeated beating. These experiences interfered with the construction and internalization of the mental representation of the absent object. Most of the children also had major learning and behavioral problems in school. Their limited attention span, frequent hyperactivity and cognitive impairment led to deficient academic performance, while their aggressivity and poor impulse control contributed to behavior problems with peers and teachers. A vicious and tragic cycle often ensued, consisting of academic and behavioral problems in school, parental beatings, and increased disruptiveness in the classroom due to the displacement of anger at the parents onto teachers. Chronic school difficulties, subsequent disciplinary action, and placement in special classes led to even further reduction of the children's already low self-esteem.

A study by Cohen (1977) investigated the effect of the abusive environment on the expression of aggression and ability to resolve conflict in physically abused children. Studying three groups of boys (physically abused, emotionally abused and normal), 8 to 11 years of age, Cohen predicted no significant differences between physically abused and emotionally abused children in response to and expression of aggression. The three groups were compared on destructive acting out, inhibition, and intrapsychic control factors, as well as maladaptive, deviation and constructive responses to aggressive stimuli.

Instruments used to assess these characteristics were the Roberts Apperception Test, the Hand Test, the Rosenzweig Picture-Frustration Test, and the Walker Problem Behavior Identification Checklist. As predicted, both the physically and emotionally abused children behaviorally acted out, inhibited aggression (as measured by the Walker), and also responded to aggressive stimuli with higher frequencies of maladaptive solutions and deviation responses and lower frequencies of constructive resolution (as measured by the Roberts) to a significantly higher degree than did the normal children.

The most noteworthy result of Cohen's study was the inability of abused children to confront conflict constructively. Their response patterns were maladaptive. Although no significant differences were found between the physically and emotionally abused children on any of the measures, further analysis indicated that physically abused children may respond more maladaptively to specifically aggressive situations than either the emotionally abused or normal children. The results of this study indicated, again, the deficits in impulse control and conflict resolution of abused children.

A study by George and Main (1979) of the social interactions of young abused children provided additional information about the effects of child abuse. Two groups of children (10 physically abused and 10 matched controls) ranging in age from one to three years were observed during social interactions with caregivers and with peers in daycare centers and evaluated as to approach behaviors, avoidance, and aggression. It was expected, and found, that the abused infants would show relatively more aggression, more avoidance, and more approach-avoidance behaviors.

The results showed that the abused infants more frequently physically assaulted their peers; they "harassed" their caregivers verbally and nonverbally; and they were the only infants who assaulted or threatened to assault their caregivers. The abused infants were much less likely than controls to approach their caregivers in response to friendly overtures; when they did so, they were more likely to approach to the side, the rear, or by turning around and back-stepping. In response to friendly overtures the abused children more frequently avoided peers or caregivers, or exhibited approach-avoidance behaviors. The marked avoidance, approach-avoidance, and withdrawal of these abused infants was consistent with Martin and Beezley's (1977) observations of abused children.

Reidy (1977) also examined the aggressive characteristics of abused and neglected children. Using free play, the Thematic Apperception Test (TAT), and the Behavior Problem Checklist, 20 physically abused, 16 nonabused, neglected, and 22 normal children were assessed with regard to aggression. The results indicated that abused children were significantly more aggressive than the other two groups in their fantasies, in a free play environment, and in a school environment. Both the abused and nonabused neglected children demonstrated significantly more aggression in a school setting than did normals. These findings supported previous observations by others that abused children exhibit overly hostile and aggressive characteristics.

Reidy stated that given the tendency of abused children to become abusive parents in adulthood, and the tendency of level of aggression to remain stable over time, it seemed likely that the

aggressiveness of abused children is frequently an enduring pattern of behavior perpetuated into adolescence and adulthood. However, as in so many studies in this area, there was no analysis done of sex differences either within groups or between groups. Since the socialization patterns and expectations of males and females in our society with regard to expression of aggression differ, it is possible that differences in expression of aggression might be found between males and females who were abused as children.

Kinard's (1978) research of the emotional development of physically abused children provided additional information about self-concept and aggression. She hypothesized that abused children would have significantly more negative self-concepts, and would handle aggressive impulses in a significantly more aggressive manner, either extrapunitive or intrapunitive. Two measures of self-concept (the Piers-Harris Children's Self-Concept Scales and the Tasks of Emotional Development (TED) Test Self-Concept Task) and two measures of aggression (the Rosenzweig Picture-Frustration Study and the TED Test Aggression Task) were administered to 30 physically abused children and 30 matched, nonabused controls who ranged in age from five to 12 years old. Three other additional developmental tasks of the TED Test were used: socialization with the peer group; establishment of trust in people; and separation from the mother figure.

Results indicated that with respect to self-concept, the abused children were more unhappy, were more unconforming, and had more difficulty in mastering the task of establishing a postive self-concept than the nonabused children. With respect to aggression, the abused children were more extrapunitively aggressive than the nonabused

children. The reverse was true with regard to intrapunitive aggression. The abused children also exhibited greater difficulties than the controls in resolving the tasks of establishing trust in people and in separating from the mother. Among the abused children, severity of injuries was found to be related to self-concept and aggression: the more severely injured children were likely to have difficulties establishing a positive self-concept and were likely to be extrapunitive in expressing aggression.

A recent experimental study by Barahal, Waterman, and Martin (1981) examined the social cognitive development of less severely abused children. Barahal et al. compared social cognitive styles of 17 abused children with 16 control subjects who were matched for age, sex, social class, ethnicity, residency, and number of parents in the household. The children were between six and eight years of age with 12 males and five females in the abused group, and 12 males and four females in the control group. None of the children in the study were mentally retarded, had neurological damage or were severely economically deprived. The variables examined were intelligence, locus of control, social sensitivity, cognitive perspective-taking, understanding of social roles, and moral judgement. The measures used to assess these variables were the Slosson Intelligence Test for Children, an adaptation of the Stanford Preschool Internal-External Scale, four skits derived from Rothenberg's measures of social sensitivity, the Boy-Dog-Tree Test, Watson's puppet play procedures for social role concepts, and an adaptation of Piaget's measure of heteronomous morality, respectively.

Barahal et al. found that although the abused children had IQ scores within the normal range (range = 72-120; M = 102), they scored significantly lower ($p < .02$) than the controls (M = 112; range = 82-136). As a result of the IQ difference between the groups and correlation with IQ on the other variables, IQ was used as a covariate in the analyses of the remaining variables. The results indicated that the abused children were significantly more likely ($p < .006$) to attribute external control of events than the nonabused controls. They were also less able to identify appropriate feelings and notice affective changes than controls ($p < .04$) and exhibited significant differences in perspective-taking ($p < .01$). The abused children tended to be more egocentric and less sensitive to social and emotional contexts.

Abused children were less adept in comprehending social role concepts, with the controls being more effective in comprehending increasingly complex social roles ($p < .03$). There were no significant differences in moral judgement between the groups. That such deficits were found in less severely abused children is significant and disturbing. Barahal et al. discussed implications of these findings for treatment of abused children and the necessity of early intervention because of the possible negative effects on later adjustment.

Although the effects of abuse on the child are beginning to be studied more thoroughly, very little attention has been paid to the adolescent who is abused. Lourie (1977) attributed this oversight to the failure of professionals working with child abuse to extend their thinking beyond the "battered baby" of the early 1960's to the large

abused population over 12 years old. In an attempt to correct this situation, Lourie (1977) studied, in depth, 25 cases of abused adolescents (18 females and seven males) of an original 258 reported during a 12 month period at a protective service unit. The subjects were from 12 to 17 years of age. Individual psychiatric interviews were conducted as well as interviews with the families. Because no specific family or individual patterns emerged, it was difficult to develop a concise typology. However, he invariably found either the adolescent or the parent dealing poorly with an expected developmental task.

Lourie found the adolescents were struggling with developmental tasks of separation and control. Adequate ego strength, impulse control and a solid base of early identification are required to accomplish these tasks. The concepts of ego strength and impulse control were found to be relevant to the abusing parents as well as the adolescents studied. The parents of these adolescents appeared to be dealing with a broader range of issues related to their own stage of development, and for many, the stage of mid-life transition was particularly stressful. According to Lourie, the mid-life transition process was described as running counter to that which occurs in adolescence. He suggested such conflict and developmental changes leave both the parents and youth vulnerable to stress which, in turn, may lead to abuse.

In one of the few studies of an older abused population, Rogers and LeUnes (1979) made a psychometric and behavioral comparison of delinquents who were abused as children with their nonabused peers. Fifty-two institutionalized adolescents (26 male and 26 female),

ages 14 to 18, were administered the Bell Adjustment Inventory and Gough's California Psychological Inventory (CPI). Five behavioral measures were also taken. Half of the subjects had been physically abused as children, half had not. Rogers and LeUnes found that the abused delinquents had significantly poorer home adjustment, were more intolerant, suspicious, inflexible and rigid, and were deficient in socialization. In addition, abused males were found to have made significantly more runaway attempts than either the abused females or nonabused groups. The authors proposed that their study supported the belief that early physical abuse predisposes an individual to difficulties in adjustment later in life and that physical abuse has long-term effects.

Aberrant Behavior and Personality Disorders Where Physical Abuse Has Been Indicated

As mentioned in a previous study (Rogers and LeUnes, 1979), runaway attempts were found to be characteristic of abused delinquent males. In an article by Johnson and Carter (1980), the question of why children run away was examined in more detail. Johnson and Carter found distinctive family structures and patterns of parental disciplining among youths who ran away. Runaways also differed in their academic motivation and in the character of their self-perceptions. Rejection at home and school characterized the lives of runaways. Their family life was typified by high rates of internal conflict, divorce, residential mobility, and death (the central theme here might be described as loss).

Parents of runaways tended to discipline their children in physically and psychologically abusive ways including beatings, social

isolation, and negative and dehumanizing labeling. Parents appeared to be acting out the frustrations of their lives, using one or more of the children as convenient and defenseless scapegoats. Predictably, the children were unable to please their parents, failing at home and at school. At school the abuse and rejection were often repeated which resulted in the children becoming outsiders. The cumulative experience of marginality created loneliness, alienation, and self-hatred in these children, which they attempted to escape from by running away, not only from their aversive environment but from themselves as well. They felt powerless to shape or alter their fate and came to see themselves as impotent and undeserving of love. Johnson and Carter believed running away may have been a way in which these children attempted to regain some power and control over their own lives.

Physical abuse and violence in the home were also found to be factors in a study of suicide in children. Connell (1972) investigated 15 school children, ages 11 to 14, admitted to a hospital after a serious suicide attempt, in order to determine the precursors of suicidal behavior. It was found that none of these children had satisfactory relationships with both parents. Death, separation, divorce, alcoholism, and severe marital discord characterized these families. A most striking feature was the level of aggression in the homes. Fourteen families described frequent quarrels, and physical abuse was admitted in seven. Unfortunately, it was not clearly indicated in each case whether the abuse was between parent and child or between spouses. Violence, however, was present and frequent in these homes.

The children were described as impulsive and lacking adequate control of their strong aggressive drives; however, in their disturbed family environments they were unable to express their aggression openly. Not surprisingly, depressive symptoms were observed in almost all of the children. Nine children were clearly clinically depressed several weeks or months prior to the suicide attempt. All nine showed increased social withdrawal, expressed feelings of rejection and loneliness, and lost interest in friends or hobbies. Furthermore, their school performance had progressively declined. Bouts of weeping, development of a strong negative self-concept, and somatic symptoms were common.

The six children who were not clinically depressed had many of the above symptoms, but they were less intense. The most disturbing feature of the study, according to Connell, was the extent to which these symptoms went unheeded by the adults in the family. Connell stated that the unstable and aggressive family background, in addition to the depressive symptomology, was clearly a precursor of suicidal behavior in the 15 children studied.

In another article, Blumberg (1979) wrote about the existence of character disorders in traumatized and handicapped children. He stated that character disorders, which are usually reflected in behavioral disturbances that result from ego deficits, may also arise from abuse or neglect by the family or from stresses of the larger social environment. In fact, he asserted that child abuse and neglect were responsible for more character disorders and serious injuries--even deaths--than almost any other noxious influence on children.

Abused children lacked ego strength, had poor self-esteem, mistrusted others and had a low frustration tolerance which, according to Blumberg, led to truancy, delinquency, violent behavior, drug or alcohol abuse, or poor interpersonal relationships later in life. Although Blumberg's writings were based primarily on clinical observations (albeit extensive) and not empirical research, his statements warrant attention and attest to the possible and harmful long-term effects of abuse.

Effects of Childhood Sexual Abuse

Writing at a time when many psychiatrists, psychologists, and others were still ascribing to fantasy their clients' reports of sexual attacks upon them as children, Peters (1976) dared to state that these attacks were indeed real and occurred more often than formerly believed. All seven of the cases Peters presented were females in therapy who had been sexually molested one or more times between the ages of two and 14 by a familiar older male, usually father, except in one case where the man was a complete stranger. The women at the time of treatment ranged in age from 17 to 81 years old. Problems that brought them to therapy or to the attention of mental health professionals included phobias, delusions, insomnia, depression, hallucinations, nightmares, severe vomiting, prostitution, running away, and inability to form a stable heterosexual relationship.

In most cases where the early sexual assault was identified and dealt with, the women made progress in therapy. When the sexual abuse had occurred over a period of time with a significant male, age at intitial treatment seemed to be an important factor. In other words, the women who benefited most from therapy tended to be 1) those who

were seen in therapy at a younger age; 2) those who did not experience the sexual abuse over a prolonged period of time; and 3) those with a therapist who identified the occurrence of an assault and connected the assault with their current problems. These factors supported the importance of early intervention and identification in such cases. It is important to note that in four of the seven cases, the problems experienced by these women did not surface until they were confronted by the demands of adult sexuality, thus indicating that early abuse may leave individuals inadequately equipped to accomplish later developmental tasks.

In another early article on effects of incest on participants, Sloane and Karpinski (1942) presented five cases of post-adolescent incest (three of father-daughter incest and two of brother-sister incest) primarily to examine the reactions of the young women to the incest situation. These five cases were taken from the records of a family welfare organization and all families were from a low socio-economic group. These authors proposed that the effects of incest during adolescence are much more critical than those where incest occurs during childhood because of the increased strength of the superego in the post-pubertal years. They believed adolescents consider incest socially reprehensible whereas children seem to react to it no differently than they do to other forms of sexual activity. Sloane and Karpinski attributed this difference to the repression of such incestuous experiences by children. They stated, however, that these children, as a result of the incestual experience, might experience neurotic conflicts later in life.

In summarizing their findings from the five cases, Sloane and Karpinski found that the most outstanding finding was the degree of guilt feelings each of the young women experienced which eventually led to their giving up the relationship. In the majority of the cases, subjects engaged in numerous sexual relationships with other men after giving up incestuous activities. The authors described this behavior as a form of compulsive promiscuity,which was a type of substitute gratification that instead of relieving the anxiety tended to increase the feelings of guilt.

An important point that the authors overlooked was that in four of the five cases, the young women clearly evidenced depression as a result of the incestuous experience. The fifth young woman was retarded (IQ 53), and it is less clear whether she experienced depression although at least some depressive symptoms were indicated. According to Sloane and Karpinski, only one of the five subjects could be said to have worked out a satisfactory adjustment. It is not clear from their report, however, if any of the young women received therapy after the incest experiences and prior to their study, and/or whether therapy had an effect on their adjustment. Sloane and Karpinski concluded from their study that incest in the adolescent period led to serious repercussions in the victims, and in these five cases, the reactions to incest were those of compulsive, hysterical and delinquent type, as well as reactive character formation and disintegration of the ego.

Summit and Kryso (1978) presented a clinical spectrum of sexual abuse of children and discussed the effects of sexual abuse. These authors made an important contribution to the problem of sexual abuse

by their identification of what is harmful in the incestuous encounter. They stated that the harm observed correlated not so much with the forcefulness or the perversity of the encounter as with the climate of environmental response. More specifically, a child trapped in an incestuous relationship with a cherished parent may suffer greater psychological damage than another child rescued from an incestuous rape. These conclusions are consistent with Peters' (1954) findings. The authors believed that the harm resulted from the child's perception that the sexual activity was socially inappropriate and that the relationship was exploitative.

Summit and Kryso's consultative experience with Parents Anonymous and a shelter for physically abusing families revealed the fact that victims of sexual and physical abuse were at risk for abusing their own children and for selecting abusive partners. In one instance, 90 percent of the mothers seeking help for child abuse at a California shelter had been sexually abused as children. According to the authors, questioning of many chronically depressed, suicidal, self-deprecating women in psychiatric care revealed many patients who were sexually and physically abused as children, but who continued to shield their parents and themselves from the stigma of disclosure.

Summit and Kryso observed a striking similarity in the reported reactions of incest participants: The children take over the responsibility and the blame from the initiating parent. The betrayal of parental responsibility and failure of responsible adults led children to feel they were fundamentally bad and unworthy of care or help. For many victims these feelings persisted into adulthood and affected

their relationship with their children and other adults, perpetuating the harmful effects of abuse.

In recent years, as a result of the increased awareness of violence toward women and children, a more conscious effort has been made to identify adult women who were molested as children and to provide therapy specifically for this population. Like adults who were physically abused as children, these women have long been a neglected class of abuse victims. Tsai and Wagner (1978) offered therapy groups for women molested as children and found that for these women, childhood molestation had long-range effects on the quality of personal adjustments and interpersonal relationships. Although their findings were based on self-report and clinical observation, and no specific assessment instruments were used, consistent themes and issues emerged among these women.

As reported by previous researchers, guilt was a feeling universally experienced by the group participants. The authors felt their guilt was related to three factors: 1) the pressure put on the victims to maintain secrecy; 2) the sometimes physically pleasurable sensations which were incongruent with the child's intellectual repugnance of the acts; and 3) the length of molestation. Many of the women also expressed feelings of worthlessness (negative self-image) and depression, both of which were highly correlated with guilt and were lessened as the guilt was reduced and eliminated.

A variety of problems in interpersonal relationships which stemmed from several factors were reported by the women. A sense of betrayal and generalized mistrust of men was expressed by many. This mistrust precluded the formation of loving, intimate relationships.

Feelings of isolation and inadequate social skills were another factor which inhibited interpersonal relationships. As a result of their molestation experiences, many of the women felt experientially and emotionally cheated out of a normal childhood and the usual opportunities to develop exploratory friendships with the other sex. Social ineptness often developed and hence feelings of isolation. A number of women reported a compulsion in getting involved with unworthy men who frequently bore similar personal characteristics to the molester. Low self-esteem and fear of getting involved in a loving, trusting relationship also contributed to this repetition compulsion.

A final factor which played a major role in the establishment and continuation of relationship problems was difficulties in sexual functioning. Although a small percentage of the women stated that their sexual relationships were satisfactory, the majority had problems which fell into three categories: 1) nonresponse (inability to achieve arousal with their partners and, in some cases, even during masturbation); 2) orgasmic, but not enjoyable (sex was a "take it or leave it" experience); and 3) arousal contingent upon control. "Flashbacks" to their molestation which occurred during sex play and intercourse were also a common experience and detracted from many of the women's sexual pleasure. Craving affection apart from sex, something which was denied them in their childhood, was a strong feeling among these women.

Another issue which emerged for a large percentage of the women who were molested by their fathers or step-fathers was resentment and bitterness toward the mother for consciously or inadvertently

perpetuating the pathological sexual relationships. Most of the women believed that their welfare was sacrificed in their mothers' attempts to keep the family intact. Related to this bitterness against both parents was the wish to confront them on their behavior.

Tsai and Wagner felt that the primary therapeutic effect of the group for these women was the mitigation of guilt and a resultant increase in self-esteem. Additionally, for most of the women, depression and hopelessness in dealing with their problems were replaced by the more mobilizing emotions of anger and a sense of optimism. In summary, the authors felt that the evidence suggested that short-term group therapy was effective in alleviating some of the long-range consequences of childhood molestation.

Recognizing that childhood molestation may have differential impacts on the psychosexual functioning of adult women, Tsai, Feldman-Summers, and Edgar (1979) examined the variables related to adult adjustment in a controlled study. The purpose of the study was two-fold. The first was to identify differences (if any) between women molested as children who seek therapy for molestation residuals and women molested as children who do not seek therapy. Second, they sought to identify differences (if any) between women who were molested as children and women who were not, in terms of prepubescent sexual activities with other children and in terms of their current psychosexual functioning.

Three groups of 30 women each were recruited to participate in the study: a) a clinical group consisting of women seeking therapy for problems associated with childhood molestation; b) a nonclinical group consisting of women who had been molested as children but who

had never sought therapy and considered themselves to be well-adjusted; and c) a control group who had not been molested and were matched with the nonclinical group in age, marital status, and ethnicity. All of the participants completed the Minnesota Multiphasic Personality Inventory (MMPI), a sexual experiences questionnair, and a seven-point overall adjustment scale, in addition to demographic and biographic items. The sexual experiences questionnaire consisted of three major sections: 1) molestation variables; 2) prepubescent sexual activities with other children; and 3) current psychosexual functioning.

The researchers found that the clinical group was significantly less well-adjusted than either the nonclinical or the control group on measures of psychosexual functioning and the MMPI. The clinical group differed significantly from both groups with regard to frequency of orgasms during intercourse, number of sex partners, sexual responsiveness, satisfaction with sexual relationships, and perceived quality of close relationships with males (Tsai et al., 1979 stated that the impact of molestation on women in the clinical group appeared to be similar to the impact of rape on the victim several months after the assault).

The MMPI profiles of the molested women in the nonclinical group were within the normal range and did not differ significantly from the profiles of the matched control group. However, in all cases where differences emerged on the MMPI, the clinical group mean was significantly higher than the nonclinical or control group means. The clinical group scored significantly higher on Hypochondriasis (Hs), Depression (D), Psychopathic Deviate (Pd), Paranois (Pa),

Psychasthenia (Pt), Schizophrenia (Sc), and Social Introversion (Si). However, it was only on two scales, Pd and Sc, that the means for the clinical group were greater than 70. These scores resulted in a modal profile for the clinical group of 4-8. It is noteworthy that 15 of the 30 clinical group members had this 4-8 configuration.

Additional findings indicated that women in the clinical group also differed significantly from women in the nonclinical group in terms of a) age at which last molestation occurred, and b) frequency and duration of molestation. A significantly greater proportion of women in the clinical group than in the nonclinical group had been molested at age 12 or later, were molested for a longer period of time in their life, and were molested with greater frequency. Although the significance was borderline, women in the clinical group as opposed to women in the nonclinical group reported more negative feelings toward the molester, more painful responses during the molestation incident(s), feeling more "upset" after the incident(s), more pressure from the molester to induce compliance, more pressure to keep the acts secret, more guilt about keeping the acts secret, and more guilt about the sexual activity itself.

Not surprisingly, the clinical group reported that the molestation had a significantly greater impact on their lives than the nonclinical group. The authors concluded that their findings indicated women who were molested as children may differ substantially in terms of later adult adjustment. Such differences may be accounted for by the emotional responses evoked at the time of the molestation(s). These emotional responses are related to frequency and

duration of molestation and developmental factors associated with the age of last molestation.

Battered Women and Victimology

Walker's (1977, 1979) work with battered women provided direction in examining the effects physical abuse may have on an individual. Walker postulated that when exposed to repeated battering, a woman may learn she is helpless to repond or to end a battering relationship. Her findings are consistent with Symonds' (1975) regarding the psychological impact of prolonged contact with an aggressor. Walker utilized the theory of learned helplessness to explain why the battered woman becomes a victim and how the process of victimization further results in her inability to leave the relationship.

When applied to human subjects, the theory of learned helplessness postulates that experience with inescapable aversive events will cause interference with later instrumental learning. It has been demonstrated in the laboratory that motivation is sapped, the ability to perceive success is undermined, and emotionality is heightened when subjects experience helplessness. One outcome of learned helplessness may be depression. Walker has found battered women to exhibit the behaviors found in the laboratory and many evidence depression. Additionally, Walker has found low self-esteem and negative self-concepts in many battered women.

According to Walker, the children of battered women also experience difficulties. Walker stated that child-rearing patterns in this society sanction the use of physical control and violence against children: This is the norm rather than the exception.

Schools, as well as parents, resort to corporal punishment. Battering is usually approved as acceptable behavior when it is relabeled "strong discipline". Children learn that people who love you have the right to hurt you in the name of discipline--for your own good.

However, violence as a means of controlling someone's behavior works only temporarily. What becomes an effective controller after one or more abusive incidents in the family is the threat of violence. A climate of fear is established which is maintained by the ever-present potential for violent explosions. Walker reported that battered women felt as though all of their thoughts and behaviors must be perfect or they might precipitate the inevitable battering incident. In this way, the constant potential for violence controlled their lives. It seems logical to assume that the impact of such a fearful, emotionally charged environment on children, who have even fewer resources than adults to cope with or remove themselves from an abusive incident, would be even more harmful and lasting.

Walker found that the children of battered women were often themselves abused. These abused children were found to exhibit emotional disturbances, severe learning problems in school, and difficulty in peer relationships. They also developed extreme coping styles such as lying, escape into fantasy, denial of their own needs, etc., to avoid being beaten or seeing their mothers being beaten. Adolescents who could no longer stay neutral in their parents' battles chose one of two tactics: They either became supportive of their mother and attempted to stop the battering, or they identified with the batterer and began to abuse their mother themselves.

In either case, the adolescents exhibited strong ambivalence toward their mother, both loving and hating her. They wanted to protect her, but also felt she deserved the abuse. Anger that she had abandoned them to meet the needs of the batterer was expressed by many of these adolescents. Walker's reports are compatible with Lourie's (1977) findings that abused adolescents had considerable difficulty with the developmental tasks of separation and control.

Symonds' (1975) work with victims of violence offered valuable information regarding the long-term psychological effects of violence that may be applicable to adults who have been abused as children. Stating that the greatest psychological damage seemed to occur when the victim was in extended contact with the aggressor (as it would be in child abuse), Symonds believed this resulted in a frozen fright response. These victims became extremely appeasing, ingratiating, and compliant in order to disguise the intense fear and helplessness they felt. Symonds believed that the early, acute responses to violence were rooted in early life experiences, with the frozen fright response to sudden, unexpected and violent aggression occurring more commonly in women.

Social class was another possible variable: Men and women from middle class backgrounds generally tended to freeze and propitiate the aggressor, while those from working class backgrounds tended to be action-oriented and fight back. This last factor may be less relevant in regard to child abuse where children are almost universally instructed to not "talk back" to their parents, let alone fight back if attacked physically. Sex differences may be more predictive since

males are encouraged to defend themselves if attacked, and it is more socially acceptable for males to fight.

The other contribution Symonds made was the acknowledgement that the individual who has been attacked experiences loss--loss of trust, loss of self-esteem, loss of security and, in the case of child abuse, loss of love and nurturing by a valued parent. Sudden and unexpected loss resulted in a sequence of responses similar to the stages of depression. These responses were shock and denial, fear often accompanied by clinging behavior, compulsive talking and obsessive ruminating, apathy with periods of recrimination and inner-directed rage, occasional angry outbursts, and eventually resolution.

According to Symonds, for some individuals, particularly conforming and dependent ones, there was a prolongation of one or more of the stages. Those persons in the fear stage occasionally reported persistent, recurrent fantasies or dreams with the theme of the attacker returning to kill or injure them. Other individuals have a prolonged period of apathy and inner- and outer-directed rage. Their resentment and anger was intensified by feelings of loss of invulnerability and belief in society's ability to protect them from harm. As a result, victims experienced feelings of isolation, helplessness, and perceived the world as hostile.

Summary

The literature reviewed can be summarized with regard to the variables examined in the studies and with regard to the limitations of these studies. The disturbing, but not surprising, finding of these studies is that the effects of physical abuse on children has been found to be generally negative. Abused children have been

reported to have negative self-concepts, low self-esteem, poor impulse control, shallow relationships, maladaptive responses to conflict, self-destructive behavior, and various school learning and behavior problems. Delinquent or anti-social behavior and developmental problems have been reported by adolescents who have been abused.

Adults who were sexually molested as children have been found to exhibit guilt, depression, negative self-images, difficulties in interpersonal relationships, and sexual dysfunctions. Nightmares, phobias, runaway, and suicide attempts as well as a "repetition compulsion" have also been found with abused individuals. It appears that abuse during childhood or adolescence puts an individual at risk, particularly with regard to later developmental tasks.

There are numerous limitations to the studies which have been reviewed in this chapter; however, only the ones that are relevant to the topic of abuse will be summarized. In some studies, the fact of whether a child has indeed been abused was unconfirmed or only suspected. This lack of confirmation of abuse seems to be more characteristic of earlier studies when professionals were less aware and more reluctant to report injuries received by children as abuse. In the case of adults who were abused as children, reliance was primarily upon self-report and retrospective data which also have limitations. Furthermore, in some studies the methods by which the data were collected were not specified, making results more questionable and replication difficult.

Another difficulty in drawing conclusions about the specific and/or long-term effects of abuse is the failure of researchers to

examine or report sex differences. Are the effects of physical abuse the same for females as for males? Differing socialization processes for males and females would suggest differences in the effects of abuse. Although not a specific limitation of the studies reviewed here, a glaring oversight in the area of physical abuse is the study of adults who were physically abused as children with regard to current psychosocial functioning and the possible preliminary examination of the long-term effects of abuse.

Longitudinal research is costly and time-consuming. Until such studies are conducted, however, initial steps can be taken through retrospective studies of adults who were physically abused as children. This approach has already been taken in the area of sexual abuse and has begun to provide useful information about possible long-term effects of abuse and appropriate intervention and treatment strategies.

CHAPTER THREE
METHODOLOGY

The purpose of this study was to a) examine by means of case studies the current functioning of adult women who were physically abused as children, develop psychosocial profiles of these women, and obtain historical data regarding their abuse and subsequent interpersonal functioning; b) identify any patterns or common themes in these women's lives which may relate to their early abuse; and c) generate hypotheses for future research in this area. This chapter on methodology includes a discussion of the research design, the research questions, the population and sample studied, instruments used in the study, the necessary procedures for gathering the data, how the data was analyzed, and limitations of the study.

Research Design

In order to obtain the maximum amount of data, and due to the pioneering nature of the research, the case study format was chosen as the method of study. As evidence by the work in the area of sexual abuse, earlier case studies were instrumental in providing information for the formulation of later controlled, experimental studies. As a method of research, the case study has several advantages (Neale and Liebert, 1973). It is an excellent method for examining the behavior of a single individual in great detail. Furthermore, the most outstanding characteristic of the case study, as well as perhaps its greatest deficit, is its exploratory nature. The very lack of control

that characterizes case studies and permits things to vary as they will also increases the potential for revealing new and important findings. The method's flexibility with regard to choice of dependent variables also makes it a logical choice for research in a previously unexplored area.

The case study has played a central role in psychology and can, with modifications to reduce internal threats to validity, be a potential source of scientifically validated inferences. Kazdin (1981) suggested such modifications, some of which were applied in this study. Since this study is descriptive and not experimental in nature, not all of the modifications proposed by Kazdin are relevant. The three modifications applied were 1) the inclusion of objective data (in the form of two empirically-based personality inventories) in addition to anecdotal information, 2) the reporting of a number of cases instead of just one, and 3) the gathering of an extended history in order to determine the course of particular problems. It was believed that these modifications to the traditional case study approach would strengthen the findings obtained in this study and would lend support to developing hypotheses for future research in this area.

Research Questions

This study answered the following research questions:

1) What is the current psychosocial functioning of adult women who were abused as children?

2) What was the nature and extent of the abuse that these women experienced.

3) As children, did these women exhibit any of the problems which other researchers have found in abused children such as suicide attempts, self-destructive behavior, runaway attempts, learning or behavioral problems in school, nightmares, delinquent behavior, etc.?

4) Did any of the above-mentioned problems continue into adulthood?

5) As adults, do these women display any of the behaviors and attitudes found by other researchers in their studies of adult women who were sexually abused as children, i.e., guilt, depression, distrust of men, poor self-image, feelings of isolation or inadequate social skills?

6) Do these women perceive any difficulties as having resulted from their abuse?

7) Are there any patterns or themes related to the abuse which can be identified in these women's lives?

8) Do these women report factors which helped to mitigate the effects of the abuse?

Population and Sample

Subjects consisted of adult women (over 18) who identified themselves as having been physically abused, primarily by a parent or parent-surrogate prior to age 18. Women who were sexually molested as children were not included in this study.

The population from which this sample was drawn were adult women living in Albany County, Wyoming and surrounding area who were physically abused as children. The exact size of this population was unknown; however, some estimates were made. The Sexual Assault and Family Education (SAFE) project in Albany County estimated that 50

percent of the approximately 100 battered women who contacted them in the past year were abused as children (Lee, Note 1). As some of these women were sexually abused, the number who were physically abused would be somewhat less than 50 for a one-year period. According to Lee (Note 1), no ethnic or socio-economic group predominated and the age range was from 15 to 60 years of age, with the majority of women in their 20's and 30's.

Albany County, Wyoming can be described as predominently rural with several small towns ranging in size from 50 to 25,000. Women who were currently institutionalized, incarcerated or in other ways unable to participate were not included in this study. Data was obtained from a total of 11 subjects.

Participants were recruited by local radio, newspaper and television announcements stating that adult women who were physically abused as children or as adolescents were needed for a research project. Notices were also placed in newsletters published by the University of Wyoming Women's Center and the Albany County Project for Sexual Assault and Family Education. Participation was on a strictly volunteer basis, that is, no financial remuneration was provided.

Instruments

Several instruments were used to assess the current psycho-social functioning of the subjects in this study. The Minnesota Multi-Phasic Personality Inventory (MMPI) (Hathaway and McKinley, 1943), which was used by Tsai et al. (1979) in their research with adult women who were sexually molested as children was administered to all participants. The MMPI has been used extensively in both clinical and research settings for the purpose of objective psychological

assessment of the major personality characteristics that affect personal and social adjustment. The inventory consists of 554 positive and negative statements on a wide range of subject matter to which subjects respond True, False, or Cannot Say. Three validating scales and ten basic clinical scales are derived from the individual's responses. Time required to complete the inventory varies from 45 to 90 minutes, and very little instruction or supervision is required.

Reliability and validity of the MMPI is reported to be quite satisfactory. Test-retest reliability of the clinical scales with 100 normal subjects was found by the authors (Hathaway and McKinley, 1942; McKinley and Hathaway, 1942, 1944) to be between .57 and .83 over intervals of three days to one year. Cottle (1950) reported reliability coefficients of .46 to .91 on clinical and validity scales with 100 normal subjects for intervals of one week. Using 30 psychiatric patients, Holzberg and Alessi (1949) reported reliability coefficients of .52 to .93. With regard to validity, McKinley and Hathaway (1943) found a high score on a scale to be positively predictive of the corresponding final clinical diagnosis or estimate in more than 60 percent of new psychiatric admissions.

In interpreting the MMPI, it has been found useful to identify the subjects' responses to particular items on the inventory which are suggestive of special clinical difficulties. These critical items (see Appendix A) are grouped under the following headings: distress and depression; suicidal thoughts; ideas of reference, persecution, and delusions; peculiar experiences and hallucinations; alcohol and

drugs; sexual difficulties; authority problems; family discord; and somatic concerns. The subjects' endorsement of critical items on the MMPI was also assessed.

Many previous studies examined the self-concept of abused children using a variety of instruments which were developed for assessment with children. In this study, the Tennessee Self-Concept Scale (TSCS) developed by Fitts (1965) was administered to all participants to obtain a measure of self-esteem and self-concept. The TSCS provides a clinical profile of a person's self-concept across many sub-areas: identity, self-satisfaction and behavior, as well as physical self, moral-ethical self, personal self, family self, and social self. Test-retest reliability of the total positive score over two weeks has been reported to be .92, with test-retest reliability of various subscores ranging between .70 to .90 (Fitts, 1965). With regard to validity, Fitts (1965) found the TSCS to successfully discriminate ($p < .001$ for almost all scores) between psychiatric patients ($n = 369$) and non-patients ($n = 626$). The scale consists of 100 self-descriptive statements evenly balanced between positive and negative. There are five response categories for each statement ranging from completely true (5) to completely false (1). The scale is self-administered and generally requires about 20 minutes to complete.

A third instrument, the Rotter Incomplete Sentences Blank--Adult Form (ISB) (Rotter, 1950) was also used in this study. The ISB is a semi-structured projective technique in which subjects are asked to finish a sentence for which the initial word or words are supplied. It is assumed that subjects reflect their own desires, fears, wishes

and attitudes in the sentences they make. The ISB can be scored to provide an index of maladjustment, making it useful as a gross screening instrument, or it can be used, like any projective material, for general interpretation. In this study, the ISB was used in the latter manner.

In addition to the MMPI, TSCS, and ISB, a structured interview (see Appendix B) of approximately two to three hours was conducted to elicit more detailed information with regard to each of the research questions, as well as demographic data on the subjects. Some of the questions were taken from standard counseling intake forms while others were adapted from a psychosocial questionnaire developed by Resnick and Dougherty (Note 2). Still other questions were developed for this study to obtain more specific historical information from the subjects regarding their abusive experiences, possible effects of abuse, and their current functioning. In some cases, the questions were open-ended, whereas in others, the subjects were asked to respond using a seven-point rating scale.

Procedures

An initial telephone screening was conducted to eliminate women from the study who were under age 18, and/or not predominantly abused by their parent(s) or parent-surrogate(s), and/or sexually molested as children. An appointment was then made for the women to complete the MMPI, the TSCS, the ISB, and the structured interview at the University of Wyoming Counseling Center. At that time, participants were first given a consent form stating the purpose and benefits of the study (see Appendix C). They were also informed of their right to withdraw from the study at any time with impunity and to omit

answering any items to which they objected. Confidentiality of all information was stressed. All participants were given an opportunity to ask questions before and after completing the instruments and interview.

The protocol was divided into two portions and collected on two separate days for each subject. On day one, subjects completed Part I of the structured interview and MMPI. On day two, the TSCS, the ISB, and Part II of the structured interview were completed. The structured interview was taped to insure accuracy of reporting and completeness. Upon request, participants were able to receive general information about their MMPI, TSCS, and ISB profiles. Participants were also given the opportunity to join a therapy group for women who experienced physical abuse as children after the interview. This option was included because of the possibly distressing nature of discussing their previous abuse.

Analysis of Data

The data obtained from this study was analyzed in several ways. First, individual profiles of each of the participants were drawn up based on the empirical and interview data. This was done to provide case information of adult women who were abused as children and their current psycho-social functioning.

Next, individual and mean scores were computed with regard to the MMPI scales and the TSCS scales. These scores provided information regarding the women as a group and their current psychological functioning as measured by these scales. Any patterns in the MMPI and TSCS scores were identified. In addition, the individual ISB responses were reported. Finally, individual case studies including

empirical data were reexamined for information pertinent to each of the research questions.

Limitations of the Study

There were certain limitations to this study which relate to the use of the case study method. As mentioned previously, the lack of control in a case study approach is both a strength and a weakness. This lack of control prevents ruling out alternative hypotheses. However, since the purpose of this particular study was to obtain a broad range of information about a particular phenomenon, the lack of control did not seem to be a severe limitation.

A second limitation of the case study method is the generalizability of data yielded by this approach. This problem seems to stem in part from the lack of representativeness of the case(s) presented due to the "intuitive" nature of the selection process. Certainly not all adult women who were abused as children are alike; however, in this study the presentation of several case studies rather than one and the pre-screening of subjects helped overcome part of the problem of data generalizability. Additionally, screening of subjects for inclusion enhanced the representativeness of cases presented.

A third limitation of the case study method is the reliability of data when the retrospective method is employed, i.e., when an attempt is made to reconstruct the past history of a person by asking for recollections of these events. There is always the possibility that retrospective data and self-reports may be influenced by conscious distortion and/or memory deficit. It is important to keep in mind, however, that a woman's perception and recall of what happened during the abusive episode(s) and subsequent events, even

if distorted and flawed, could be an important determinant of her current psychological adjustment.

Another limitation of this study was that women who were physically abused as children and who responded to media advertisements may not be representative of this group of women in general. Finally, the results of this study may have been confounded by the inclusion of women who were also psychologically abused or neglected. However, this problem seemed unavoidable due to the difficulties in defining and screening for neglect and/or psychological abuse. Furthermore, it is assumed that physical abuse rarely occurs independent of psychological abuse.

CHAPTER FOUR
RESULTS AND DISCUSSION

Results of the Study

The results of this study are organized in the following manner: First are the individual case studies of the subjects who participated in the study. The individual and group data on the MMPI, TSCS and ISB are given next. Finally, a summary of the data for each research question is presented.

A total of 22 women responded to the publicized advertisements for women who had been physically abused as children or adolescents. Of the 22, 13 met the criteria established and agreed to participate in the study. The remainder had also been sexually abused as children, and therefore, were disallowed. Eleven women completed the interview and the three instruments. The other two withdrew before the initial interview stating they were afraid or not ready to discuss the abuse they had experienced. In the following 11 case histories, the initials used are not those of the participants and some minor changes have been made to protect the identity of the individuals.

Individual Case Studies

Case 1. 'A' is a pleasant 28 year old, single, white female who was the oldest of three children by her mother's first marriage. She has a younger brother and sister. Her parents divorced when she was four and her mother remarried the same year. Her step-father was physically abusive to her mother and they divorced when 'A' was seven.

Two years later 'A's' mother remarried again, and again, there was physical violence between her parents.

'A' was first abused by her mother at age 12 when her mother was pregnant with her half-brother. The abuse consisted most frequently of being slapped in the face, kicked in the ribs, having her hair pulled, and being hit with a belt or stick across her legs and buttocks. Occasionally she would be given a black eye or have water thrown on her. From ages 13 to 15, some form of abuse occurred almost every day. From age 15, the abuse decreased to about two to three times a month.

Around 13, 'A' also began to be abused by her step-father who would hit her with a belt or slap or punch her with his hands. The abuse from him occurred less frequently, i.e., perhaps two to three times a year. 'A' continued to be abused by both her mother and step-father until she left home at age 20.

From 13 to 15, 'A' began to get failing grades at school in physical education because she refused to participate. At 14, she ran away for the first time because she was "sick of her mother and PE classes." Prior to this, she had not had any academic or discipline problems at school. At 18, she ran away again and began experimenting extensively with alcohol and a variety of illegal drugs, including mescaline, marijuana, amphetamines, cocaine, hashish, quaaludes, and mushrooms. She smoked marijuana and drank heavily from 19 to 20, and again from 22 to 25, losing several jobs due to her drinking. She was physically and sexually abused by a male acquaintance at 18 while tripping on several drugs.

At 19, 'A' first sought help for the physical abuse from a community mental health center, but never returned when told by the

counselor that she was "wallowing in self-pity" and hospitalization was suggested. After being unable to hold a steady job, at 19 she was referred to the Division of Vocational Rehabilitation and began college the same year. Although she dropped out several times and transferred to another school, she finally completed her bachelors degree two years ago at age 26. While in college she continued her heavy drug use and reported being depressed and suicidal for a period of about four years. She continued to have difficulty holding a job and received financial assistance from the state off and on for the past seven years. She was also in therapy intermittently during the past nine years.

'A's' intimate relationships with men were transient, superficial, and exploitive by her own definition. She also described destructive relationships with women and currently does not feel close to anyone. She no longer drinks and uses marijuana only occasionally. Although unemployed at the time of the interview, she was to begin a new job that week and was anxious about her ability to keep it. She has broken virtually all ties with her family, wanting to break with her past and "get on with life."

MMPI. 'A's' MMPI profile (see Appendix D, Table D-1) was elevated on all but two of the clinical scales (Mf and Si). Taken overall this indicated considerable anxiety, tension and depression, with difficulties in concentration and cognition. It may also indicate an overreaction to minor stress and an impairment of impulse control. An analysis of critical items found very high endorsement of items regarding somatic concerns, and distress and depression (see Table D-2).

TSCS. 'A's' scores on the TSCS (see Appendix D, Table D-3) were all below the mean with two exceptions. Her profile indicated low self-esteem, a generally negative self-image across the various concepts, yet average self-satisfaction. There was an indication that 'A' was uncertain of what she said about herself, or was responding in a somewhat defensive or guarded nature.

ISB and Interview. 'A's' responses on the ISB and in the interview indicated hyperactivity and tension. Although she expressed optimism about the future, she was also anxious and fearful, particularly of losing her energy or of being dominated. She seemed most happy when very physically active. Her close relationships with both men and women have been rather negative and exploitive. Her anxieties and fears about intimacy may contribute to her isolation and feelings of loneliness.

Case 2. 'B' is an attractive, 58 year old, married, white woman from a working-class family. The oldest of two daughters, 'B' was abused by her alcoholic father about twice a month from the time she was four years old. Initially, he spanked her with his hand, but when she was five or six, he began using a horsewhip and continued to use the whip until he stopped at 16 when she told him she would "kill him" if he ever beat her again. According to 'B', she would have "huge welts" all over her body after a beating, and, ironically, he would never beat her when he had been drinking. Although her sister was also abused by the father, 'B' did not feel her sister was abused as often or as severely. After a beating, 'B' reported that her father "must have felt guilty" because he would then buy her a nice gift. Although her mother was often present during the beatings, she never attempted

to intervene. 'B' reported being disappointed in her mother during this time and confused as to why she did not stand up for 'B'. Once when 'B' was 11, a friend of her mother's who knew of the abuse took the horsewhip and hid it. However, the father merely continued to use his hand to beat her until he got another whip.

Although there was frequent fighting at home about her father's drinking, jealousy, and what 'B' described as her mother's flirtatious behavior, 'B' completed high school with only some possible reading problems. Upon graduation she went to work as a telephone operator until she married her husband at 20. A year later, 'B' quit her job just before their only child, a daughter, was born. Although she never returned to work, she has been involved in several volunteer organizations.

'B', who described herself as having a violent temper, reported spanking her daughter rather severely when she was quite young. She became frightened however and began to try to control her temper after an argument with her husband in which a large ashtray she had thrown just missed hitting her eight-month old daughter in the head. It was also during this time (her 20's) that 'B' would threaten suicide whenever she and her husband fought.

When 'B' was 33, her father died after a prolonged illness. She described him as "pathetic" before his death and that she had the "upper hand" at that time. They never discussed the abuse. Her mother died when 'B' was 41 and she was "crushed" by this loss. She was very fond of her mother and described her relationship with her as "very good, we were more like sisters when I was growing up."

'B's' daughter is grown and married with one son whom 'B' "adores." Her husband retired several years ago which seems to have led to increased tension and arguments between them. 'B' is particularly disappointed about not being able to spend more time with her daughter and grandson because her husband violently dislikes the daughter's husband and recently threw him out of their home during a visit. This has become another source of tension between her and her husband. Although 'B' drinks almost every day, she did not report getting drunk or drinking excessively.

MMPI. 'B's' MMPI profile (see Table D-1) indicated a tendency to deny problems and present a healthier picture of herself than may in fact be the case. Given the possible deflation of the scales, her profile is indicative of a person with 1) low frustration tolerance and difficulty controlling anger, 2) superficial relationships, distrust of people, and marital conflicts; and 3) dependency needs and feelings of insecurity which are denied. Items concerning family discord were endorsed most frequently in the analysis of critical items (see Table D-2).

TSCS. 'B's' scores on the TSCS (see Table D-3) were generally average indicating moderate self-esteem with a slightly more positive image of her personal self. There was an indication that 'B' was somewhat guarded, defensive, and non-committal in her self-descriptions.

ISB and Interview. On the ISB and in the interview, 'B' again seemed to attempt to deny difficulties or problems and was concerned with presenting herself in a positive light. Control seemed important to her and she expressed fears of dependency, rejection, and loss. She was distrustful of others, and described marital conflicts and lack of close relationships with others, particularly women.

Case 3. 'C' is an attractive, 25 year old, divorced, white woman who has a four year old daughter and has retained her former Mexican husband's Spanish surname. The oldest of four children of upper middle-class parents, she has a younger brother and two younger sisters. 'C' began being abused by her father when she was about three when he would spank her rather harshly. As she got a little older, he would use a stick or racquet and, most frequently, a belt to beat her on the back or legs leaving welts. The beatings would occur in spurts: Several months would elapse without one; then he would beat her almost every day for several weeks.

Her brother and sisters were also abused by him in a similar fashion, with the brother receiving the most severe abuse according to 'C'. She also reported that her father once tried to smother her younger, infant sister with a pillow and threw her brother down stairs several times. Father would frequently come home and immediately begin policing the house looking for things to get angry about and then beat all of them if he found something out of order. 'C' stated that her mother never intervened or attempted to stop the beatings although she was there and would comfort 'C' afterwards.

From age 11 to 12, the beatings became more frequent, occurring at least once a week during that time. In ninth grade, 'C' began having both academic and discipline problems in school. She failed a course, started smoking at school, skipped classes, and began talking back to the teacher. This resulted in her being sent to the school counselor. It was also around this time that 'C' began to have suicidal urges. She once stole her father's loaded gun and kept it by her bed, planning to kill herself if things got worse. After a week,

she returned it unnoticed. She also began stealing from stores and at 15, stole all of her Christmas presents; however, she was never caught. 'C' reported that the physical abuse stopped when she was 15 or 16; however, the psychological abuse did not and, in fact, intensified.

'C' met her husband, a Mexican man who was in the United States illegally, when she was 17 and they began an intense 10-month courtship. 'C' had not dated before and was flattered by his intense attention. After many arguments with her parents, she married him at 18 before she finished high school.

After high school, 'C' went to work as a waitress, cashier, and cook to support them as her husband began staying out late to play pool and drink with his friends. 'C' began to suspect he was having affairs with women he met in the bars and they fought over this frequently. About a year after they were married, 'C' attempted suicide one night by taking an overdose of pain medication with alcohol. She never went to the hospital, but was very ill for several days. This did not stop her husband from continuing his former activities. At one point in their marriage, they became involved in illegal transportation of aliens into the country from Mexico. However, they were never caught by the authorities.

As their marriage became more strained, 'C' became pregnant. Shortly after the birth of their daughter, they separated at 'C's' initiation; however, her husband would visit and take their daughter several times a week. When their daughter was several months old, he kidnapped her and took her to Mexico. He left a note telling 'C' she would never see their daughter again unless she agreed to come to

Mexico and live with him there as his wife. 'C' went to Mexico and re-kidnapped her daughter and brought her back to the United States.

At 21, after three years of marriage, 'C' and her husband were divorced. The night before the divorce decree was to be signed, he broke into 'C's' house and beat her severely. Upon seeing 'C's' battered condition, the judge awarded full custody of their daughter to 'C'.

After the divorce, 'C' lived with a man for about eight months until one night he was arrested for having threatened some of their neighbors with a gun. At that time her ex-husband began making threats to steal their daughter and 'C' became very frightened. She moved to another state and enlisted her family's help in keeping her whereabouts secret.

Two years ago she began college full-time and has done above-average work. She works full-time to support her and her daughter and receives some assistance from her family, whom she visits several times a year. Her parents began having marital problems several years ago when her mother decided to work outside the home, and 'C's' relationship with them is rather strained.

'C' reported living in fear of her ex-husband's finding her and her daughter and is currently extremely distrustful and frightened of men in general. About one year ago, she began abusing her daughter who was then three. Her guilt about that, plus a panic reaction she experienced when asked out on a date by a persistent man, prompted her to seek help. She has been in therapy for almost a year and has begun to feel somewhat better about herself and less afraid. She is no abusing her daughter and recently went on her first date in almost

three years. For the past five or six years, she has engaged in a pattern of binge drinking.

MMPI. 'C's' MMPI profile (see Table D-1) was elevated on two scales (Pa and Sc). Taken overall, the profile characterized her as insecure, distrustful, depressed, lacking social skills and self-confidence, and having difficulties in concentration and thinking. Areas most frequently endorsed were distress and depression, authority problems, family discord, and ideas of persecution in an analysis of critical items (see Table D-2).

TSCS. 'C's' scores on the TSCS (see Table D-3) indicated considerable variability in her self-perception and generally low self-esteem. Only three of her self-esteem scores were above the mean (self-satisfaction, moral-ethical self, and personal self), and her social self score, in particular, was extremely low.

ISB and Interview. 'C's' responses on the ISB and in the interview indicated feelings of anxiety, intense fear and distrust (particularly of men), and anger. She expressed very anti-social attitudes and was happiest when alone. She described a pattern of nonassertion and occasional aggressive outbursts.

Case 4. 'D' is a 38 year old, divorced, white woman who is employed as a school teacher and is also a writer. 'D' came from a working-class family and began being abused by her mother at age six, just after her mother had experienced an emotional collapse and had stayed in bed for several months. Her mother would make her strip in front of her father and one older brother, then beat her her all over with a ruler, belt, or pole until she was covered with welts and would not cry. Sometimes 'D' would attempt to resist by not crying, but this

usually resulted in an even more severe beating. The beatings occurred about three to four times a week when she was young, decreasing to about once a month by the time she was 20. Her mother also cuffed her about the face with the back of her hand.

Although her father was present, only once, when 'D' was young, did he attempt to intervene. He tried to stop his wife from hitting 'D', but she turned on him and began hitting him with the ruler. Afterwards she refused to speak to him for several months. He never again intervened.

'D' began running away from home and attempting suicide at an early age. Beginning at four, she ran away approximately 25 times after beatings from her mother. She attempted suicide at age six by jumping out of a tree, at eight by running in front of a truck, and at 12 by taking aspirin and then drinking iodine.

School problems also began early for 'D'. She was withdrawn from kindergarten because the teacher said she was lying and stealing. In first grade she was diagnosed as having a coordination problem which affected her handwriting. She reported daydreaming frequently in school. When she was in fifth grade, her brother developed epilepsy which went undiagnosed and untreated for some time. He had frequent seizures at night and she was required to help restrain him. Her grades began to drop as she got little sleep, and she eventually was sent to the principal for doing poorly in her school work and falling asleep in class.

At 14, her brother began abusing her by picking her up and throwing her to the ground. He would also chase her and attempt to force her to touch his penis. This continued until she was 16.

Discipline problems continued in high school and at 18, 'D' was also arrested for shoplifting. After high school she went to college, but was suspended and then eventually expelled for breaking numerous rules. During college, she was fired from about seven jobs because she lied about her skills and qualifications, and then did not perform as expected on the job. It was also during this year at college that 'D's' mother attempted suicide after her brother married an Oriental woman. Her brother then broke off all contact with the family.

After being expelled from college, 'D' worked and lived at home for a year. At 20, she returned to college and met and married her husband. She completed her bachelors degree without incident. She went to work, but at 24 began shoplifting again and continued to steal for about a year.

Two years ago at age 36, her marriage of 16 years ended when she left her husband because he refused to have sterility tests performed. Their inability to have children was a constant source of frustration and disappointment to her. About three years prior to divorce, 'D' began drinking more heavily and reported using alcohol excessively at times.

Although while married she saw her parents one or two times a year, she almost never spoke to her father. Since her divorce, she has not seen her parents and communicates only infrequently with her mother by letter. This past Christmas she was happily reunited with her brother whom she had not seen in 20 years.

At 38, she has achieved some moderate success as a writer and has dreams of establishing her own school. Two years ago she returned to school part-time to get her masters, but has not completed the degree

due to conflicts with the faculty. She has been dating a man 13 years her junior for the past year, but has doubts about whether a more permanent relationship with him could work. She reported lacking self-confidence and doubts whether she will ever be able to love or trust. She very much wants to have a child.

MMPI. 'D's' MMPI profile (see Table D-1) was elevated on several scales (Ma, Sc, Pd, and Pa) and indicated a possible serious disturbance or plea for help. Taken overall, the profile characterized her as hyperactive, excitable, socially withdrawn, having unconventional thought processes, having a high need to achieve, and low self-esteem. Critical item analysis showed high endorsement of items related to authority problems, family discord, sexual difficulties, and peculiar experiences and hallucinations (see Table D-2)

TSCS. 'D's' scores on the TSCS (see Table D-3) indicated considerable variability in her self-image and a defensive style of responding which suggested that her positive scores were probably artifically inflated. With the exception of her moral-ethical self, 'D' exhibited a generally negative self-image and low self-esteem, especially with regard to her family self.

ISB and Interview. 'D's' responses on the ISB and in the interview indicated her high aspirations and expectations for herself, and her lack of self-confidence. She was fearful of her own and others' anger and violence, and withdrew from social interactions by escaping into fantasy. Her writing may provide an outlet for these fantasies. She reported being happiest when alone. Her rate of speech was rather slow and contained some clang associations. She seemed to have difficulty at times concentrating or focusing on the interview tasks.

Case 5. 'E' is a 45 year old, recently divorced, white woman who is in the process of changing back to her maiden name from her second husband's Spanish surname. 'E' was the second child (one older sister and two younger brothers) of middle-class parents. Although 'E' was spanked somewhat regularly with a fly swatter or shingle by her mother as a child, 'E' did not consider this abusive. When 'E' was six years old until she was 10, her father was away from home serving as an officer in the Army during World War II. Upon his return, 'E' reported he ran the family like a military command post, giving orders and administering punishment when his orders were not followed. She was very frightened of him and saw him as a stranger. However, her older sister, in particular, and younger brothers were the recipients of his physical abuse. 'E' reported that the abuse of her older sister when she became a teen-ager seemed to be related to her father's suspicion of her sexual activity, and 'E' too was frequently threatened and accused by him of being sexual although she was not sexually active until 19.

At 18, 'E' graduated from high school and went to work as a bookkeeper. She continued to live at home and infrequently dated a young man who was in Korea. One morning 'E' quarrelled with her parents who she felt were unfairly picking on her youngest brother, and she was slapped in the face by her mother. That evening, 'E' returned from work, having decided to leave home and move in with her married sister. As she went to leave, her father ran after her, threw her down on the porch stairs and began beating her about the head and face with his fists. She had borrowed her boyfriend's car to move and got in it to escape. As she drove off, her father jumped on the car and smashed in

the front window. After driving a few blocks, frightened, she stopped and her father pulled her from the car and continued to beat her in the face and head with his fists while he dragged her back to the house.

Bruised and bleeding profusely, she doctored herself and went to bed. Her mother, who never came to her aid either during or after the beating, later told 'E' she thought she had accidentally fallen down the stairs. The next day, 'E' required medical and dental care, which she again obtained without assistance.

'E' continued to live at home until she married her first husband at age 20. Although she continued to see her father rather frequently, she reported hating him but "pretended everything was OK." He died suddenly when she was 23.

'E' and her husband had their first child, a son, when 'E' was 21. When he was less then 10 months old, 'E' reported slapping him hard on several occasions. It is not known how long this continued or to what extent. At 23 and 27, she gave birth to two daughters. After 16 years of marriage, 'E' and her husband sought marital counseling. Two years later they divorced after her husband struck her in an argument. Her son chose to live with his father which was quite distressing to 'E'. While married, 'E' had returned to college and graduated with her bachelors degree the year after her divorce.

Prior to her divorce and until last year, 'E' was in and out of therapy. Five yars ago she was hospitalized for a short time after an acute anxiety reaction. For almost a year she was prescribed tranquilizers which she abused. Deciding on her own to stop taking

the tranquilizers, she then began to abuse alcohol, having two to eight drinks per day for over five months. When the drinking became a problem, she sought help and attempted to cut back. She reduced her drinking and now has approximately 15 drinks per month.

At 43, 'E' remarried; however, this marriage recently ended after two years. During this time she returned for one year of graduate work and currently is planning to move to another state to finish her masters at a university where she has been offered an assistantship.

'E' supported herself and her daughters since her first divorce by working as a secretary, bus driver, typist, and newspaper reporter; however, she was just fired from her most recent job of delivering newspapers after a disagreement with her employer. She hopes to return to newspaper reporting after finishing her degree. This spring, 'E's' youngest daughter, who is 18, moved out against 'E's' wishes and this was a sad event for her.

MMPI. 'E's' MMPI profile (see Table D-1) indicated a tendency to deny problems and present herself as more psychologically healthy than in fact may be the case. Generally it was indicative of a person with nonconforming attitudes, problems with authority and impulse control, insecurity, anger, and difficulties empathizing with and trusting others. Items related to family discord were endorsed most frequently in the analysis of critical items (see Table D-2).

TSCS. 'E' was the only subject with TSCS scores above the mean on all the self-esteem scales (see Table D-3). There was indication, however, that 'E's' positive scores may have been inflated by her somewhat defensive response style.

ISB and Interview. 'E's' responses on the ISB and interview indicated a rather passive-aggressive style of relating and the use of intellectualization and rationalization as defenses. Her cheerful, optimistic, and confident attitude seemed to belie her worries and fears, particularly regarding her children and her feelings of anger and hostility. She tended to blame her difficulties on others and accepted little responsibility for her own behavior.

Case 6. 'F' is a pleasant, 55 year old, divorced, white female who experienced abuse from numerous people throughout her life. 'F' was the first daughter born to her working-class, very religious, Mormon parents after six sons (one died in infancy). She had one younger sister who lived, while two other younger sisters died shortly after birth.

'F' was first beaten by her father when she was about three. He beat her using a belt, a 2x4 or wooden singletree, kicking and hitting her about her face and body. This occurred about once a week until she was seven. None of her other siblings were abused; however, her mother was also abused by the father periodically. Once her mother attempted to intervene as the father went to hit 'F' with the wooden singletree. The force of his blow broke the singletree over her mother's back, preventing what 'F' thinks might have been a lethal blow. From three to five years old, 'F' engaged in banging her head against walls periodically.

From age six to seven, 'F' was also abused by her sister-in-law who was 15 years older than she. Her sister-in-law would hit her with belts, sticks, and the buckles from overalls. She would also hold 'F' down while she inserted sticks in 'F's' vagina.

When 'F' was seven, her mother died and she and her sister were immediately taken to live with their grandmother ('F' would only see her father again twice before he died when she was 22). Almost immediately her grandmother began beating 'F' with either a leather belt or switches about once a week. These would continue until the grandmother died when 'F' was 11.

After her mother's death, when 'F' was in second grade, she had difficulty concentrating in school and did poorly in her classes throughout her school career. 'F' reported being frequently told by her father and others that she was "stupid, dumb, etc." which she felt contributed to her poor performance in school. With the exception of a spanking she received from her first grade teacher, 'F' presented no disciplinary problems in school.

From age 11, 'F' was raised by foster parents. At 14, she began to be abused by her foster-mother. The foster-mother would hit 'F' with her fists on the neck and back. This continued about once or twice a month until 'F' was 16.

When she was 18, 'F' married a man and discovered three months later that he was still married to another woman. The marriage was annulled, and at 20 'F' married again. She became pregnant within several months and gave birth to a son when she was 21. A daughter was born when 'F' was 23, and another son two years after that. 'F' reported that she spanked her oldest son excessively.

Although 'F's' religious beliefs prohibited her from drinking, her husband drank heavily. He began to be physically abusive especially when he was drinking, hitting her with his fists and choking her while

she was asleep. After one particularly bad beating, she lost the use of one arm for several months. Most of the abuse occurred after her children were grown and no longer living at home. She would lie to her children about the source of her injuries because she felt she was somehow to blame and did not want them to think badly of their father. To this date she has not told them of the abuse.

When 'F' was 43, she bought a bottle of sleeping pills with the intent of attempting suicide. Afraid to take them, she then reportedly drove her car at a very high rate of speed (120 mph) hoping she would have an accident and be killed or at least be arrested for speeding. When neither event occurred, she returned home.

At 46, 'F' was divorced from her husband after 26 years of marriage. She then worked as a kitchen helper, sales clerk, and office assistant to support herself. Beginning at 17 when she injured her spleen, 'F' reported numerous health problems. She had major surgery at least five times and most recently, suffered from recurring blood clots in her legs.

Although rather involved in church activities, 'F' has not dated since her divorce and avoided social gatherings. She reported being very frightened and distrustful of men. Her relationship with her oldest son is rather distant and cool which is a disappointment to her. As of this date, she has only told one person of the abuse she experienced.

MMPI. 'F's' MMPI profile (see Table D-1) indicated a plea for help and characterized her as shy, insecure, lacking self-confidence, self-esteem and social skills, distrustful, dependent, and anxious. Difficulties in concentration and memory were also indicated with a

tendency to withdraw into fantasy when under pressure. Critical item analysis showed concerns related to distress and depression, peculiar experiences and hallucinations, family discord, and somatic complaints.

TSCS. 'F's' scores on the TSCS (see Table D-3) indicated low self-esteem and a poor self-image in all areas but her moral-ethical self (her only score above the mean). Her scores indicated that 'F' responded in a somewhat guarded, defensive manner and was not very certain in what she said about herself.

ISB and Interview. 'F's' responses on the ISB and in the interview indicated that she was very fearful, anxious and withdrawn, particularly with regard to interpersonal relationships and social situations. She expressed feelings of guilt, loneliness, and self-criticisms. She is very religious and leaned on her religion heavily as a means of coping. During the interview, she became very emotionally upset when discussing the abuse and disclosed that she had only mentioned it to one other person before. 'F' seemed to experience some cognitive distortions and persisted in thinking of the interviewer as an attorney, even though corrected several times.

Case 7. 'G' is an attractive, 24 year old, married, white female who was the oldest daughter (one younger sister) of her parents' second marriage. Each parent also had a daughter from their previous marriages; however, these daughters lived with the former spouses.

At 11, 'G' began to be physically and verbally abused by her mother about once a day. The abuse consisted of being held down while punched in the head and face with fists, having her hair pulled, being hit with a belt buckle, and being told she was "no good," "never did anything right," and that she had not been wanted by her mother. Her

father, whom 'G' described as an alcoholic and hard to get close to, was never present when the abuse occurred. In spite of cuts and bruises, he did not believe 'G' when she told him what was happening. This pattern continued until 'G' ran away from home at 12 after another beating by her mother which her father refused to believe. This time her father was convinced and 'G' and her family became involved with an organization for troubled teens and their families.

For a year 'G' and her family received counseling and the abuse stopped. When 'G' was 13, the family moved to another state and discontinued therapy. Before long her mother was again abusing her, this time about once a week. 'G' began to lose interest in school and started failing classes. Again, 'G's' father refused to believe the abuse was occurring and after some futile attempts to persuade him, 'G' stopped seeking his help.

She ran away twice at 14 and by 15, began to use marijuana regularly. At 17, 'G' reported her mother threw her out of the house, and 'G' quit school in order to go to work as a maid to support herself. By 18, she also began using cocaine and speed as well as marijuana. She and a friend were arrested for possession of marijuana when she was 18.

When 'G' was not quite 21, she became pregnant by her boyfriend and they married just before their son was born. Her husband, a railroad engineer, made enough money for them to live very comfortably. As his work took him away from home frequently and 'G' had sufficient money, she began to use drugs more heavily, particularly cocaine.

A year ago, 'G' became pregnant again and began drinking a bottle of wine a day in addition to the other drugs. She had rarely used

alcohol before then. Her daughter is now four months old and she has been unable to stop drinking on her own. About a year ago, 'G' tried to talk to her father about the abuse and told him she thought her mother needed help. Still drinking heavily, he reacted angrily to 'G's' statements, and she has not broached the subject with him again.

MMPI. 'G's' scores on the MMPI (see Table D-1) were all within the normal range. Her profile and the critical items analysis indicated a possible tendency toward overactivity with periodic episodes of depression. Other areas of concern were family discord, distress and depression, peculiar experiences, authority problems, and alcohol and drugs (see Table D-2).

TSCS. 'G's' TSCS scores (see Table D-3) were all very close to the mean indicating average self-esteem and self-image. 'G's' perceptions of her moral-ethical self were slightly more negative than in other areas.

ISB and Interview. 'G's' responses on the ISB indicated a preoccupation with alcohol and drugs which she uses to cope and fears of losing control or being overwhelmed. In the interview, she seemed quite restless and became emotionally upset when discussing the abuse. She had never discussed the abuse with anyone prior to the interview. She was particularly concerned about her drinking and disappointed in herself for being unable to stop.

Case 8. 'H' is a 40 year old, divorced, white female who was the youngest daughter (one older sister) of working-class parents. When 'H' was about four years old, she began to be abused by her father. Most frequently he would hit her with his hand or fist in the face or on her upper body. The attacks would often occur while at the dinner

table and 'H' would be chased from the table by him, being hit as she ran to her room to escape. Although her mother and older sister were usually present, neither ever attempted to intervene. The abuse would occur in this manner every two to three months. From age 12 on, the abuse was often associated with her father's drinking.

Although 'H' had a speech problem because of extremely crooked teeth, she did well in her classes as school. However, she was painfully shy, had many social problems, and had few friends. In high school, she began to experience problems in mathematics and science, failing several courses and having to repeat them. This did not prevent her from attending an ivy league college, however, where she received above average grades and graduated with her bachelors in animal science at age 22.

Wanting to be a veterinarian, she then attended graduate school for one year, but was forced to withdraw after developing a severe case of hepatitis. Upon recovering, 'H' went to work and at 25, met and married her husband. 'H', who was self-conscious and had dated very little, stated that she was very frightened of men. While dating and engaged to her husband, she would vomit frequently and was eventually forced to take tranquilizers. During college, the abuse from her father continued whenever she was at home.

One month after their marriage, 'H' began to be physically abused by her husband. He would hit her with his fists and on at least several occasions raped her. In one abusive incident he seriously injured her arm. After five years of abuse, 'H' began to defend herself and would hit back. While married, she finally had her teeth

straightened at age 29, which corrected her speech problems and improved her self-image.

'H' and her husband were divorced after eight years of marriage when 'H' was 34. The year prior to her divorce, 'H' began to drink heavily. Two years later when it was frequently interfering with her work, she sought help for her drinking at a mental health center. At 36, she was able to reduce her drinking and decided to return to graduate school in another state.

During her marriage and until returning to graduate school, 'H' continued to live near her family and would still be chased and yelled at by her father when she visited. He did not physically abuse her, however, because she was able to outrun him. During her last visit home before leaving for school, he again attempted to strike her. For the first time she told him to stop, and he did.

During the past four years, 'H' worked at various research jobs while going to school part-time. She is currently writing her thesis for her masters degree and has been offered an assistantship in a Ph.D. program. Two years ago she met a divorced man whom she began dating. According to 'H', he is an alcoholic and lives in another city so they do not see each other very often. He was abusive to her on at least one occasion.

Although she occasionally talks to her parents on the telephone, 'H' has not seen them now for four years and has no plans to visit them in the near future. She reported that both of her parents and her one sister are now alcoholics. 'H', herself, continues to have several drinks every day although she does not believe that this interferes

with her work. She has a few women friends, but they live in other states, and she prefers to spend most of her time alone.

MMPI. 'H's' MMPI profile (see Table D-1) indicated slight exaggeration of her symptoms, perhaps in a plea for help. Taken overall, the profile characterized her as distressed, insecure, lacking self-confidence and self-esteem, withdrawn, distrustful of others, and antisocial. Critical item analysis indicated areas of concern were distress and depression, family discord, peculiar experiences and hallucinations, and alcohol and drugs (see Table D-2)

TSCS. 'H's' scores on the TSCS (see Table D-3) indicated below average self-esteem and generally negative self-image, with the exception of her moral-ethical self and self-satisfaction. She exhibited particularly negative images with regard to herself as a family member.

ISB and Interview. 'H's' responses on the ISB and in the interview indicated distrust and fear regarding close relationships and dependency, social withdrawal, and extreme self-consciousness. She might be described as disappointed by and disappointing to others and preferring to be alone. Alcohol is an important means of coping for her.

Case 9. 'I' is an attractive, 23 year old, single, white female who was the youngest daughter (one older sister) of upper middle-class parents. As a child, 'I' had occasional conflicts with her parents, particularly her mother, and recalled quite frequent quarrels between her parents. Numerous times 'I's' mother attempted to kill herself after these quarrels. When 'I' was 11, her mother had a hysterectomy and subsequently spent four months in a psychiatric ward. Just prior

to the hysterectomy, she began drinking heavily and continued to do so afterwards. It was at 11 that 'I' made her first suicide attempt by cutting her wrists which required medical care.

At age 12, 'I's' parents divorced. Her sister went to live with her father, and 'I' stayed with her mother who began to abuse her. 'I' reported that her mother was drunk almost every night. Once drunk, her mother refused to let her out of the house and then would begin to abuse her.

The abuse consisted of pushing 'I' downstairs, pulling her hair, threatening to kill her with a gun, beating her with fists or an object until unconscious, banging her head against a marble floor, hitting her in the face with fists or a broom, and pushing her out of a second-story window. The physical abuse was accompanied by verbal abuse. 'I's' mother told her she hated her, wished she were dead, and that she was supposed to have been born a boy.

After one particularly severe beating at 14, 'I' ran away to her father's house. Her mother attempted suicide and nearly died. According to 'I', she returned home because she felt her mother needed her and could not survive without her. However, the abuse continued and 'I' ran away again at 15, only to once again return. This time her mother decided to quit drinking and for the next year, until 'I' was 16, her mother did not drink and the abuse ceased.

At the beginning of 'I's' junior year in high school, her mother began to drink and began abusing her again. The abuse continued until 'I' graduated from high school and left for college. During her last two years of high school, 'I' used a variety of drugs (LSD, speed, quaaludes, and marijuana) heavily. At 16, she lost her license because

of numerous speeding tickets and later that year, while driving without a license, had an accident which resulted in injuries for herself and a friend. She again attempted suicide at 17 by consuming a large quantity of Darvon and at 18, was arrested for possession of marijuana. Her mother re-married as she started college.

In college, 'I' continued to use the drugs she used in high school with the addition of cocaine. When she was 20, her mother died of cancer of the liver. Shortly after her mother's death, 'I' began to drink heavily, getting drunk at least once a week and drinking almost every night. In spite of her drug use, 'I' always maintained above average grades throughout school.

After graduation from college, she was accepted to graduate school and has completed all but her thesis for her master's degree. For the past three to four years, she has used about two grams of cocaine a week and continued to drink heavily. She met her current partner about two years ago, and they have now been living together for several months. Although she has occasional contact with her father, she described their relationship as "strained and distant" and reported still feeling very bitter.

MMPI. 'I's' MMPI scores (see Table D-1) were all within the normal range. The profile characterized her as outgoing, gregarious, energetic, sociable, with somewhat low frustration tolerance, and interpersonal relationships which may be lacking in depth. The critical items analysis indicated authority problems, family discord, and problems with alcohol (see Table D-2)

TSCS. All of 'I's' TSCS scores were at or below the mean (see Table D-3) indicating relatively low self-esteem and negative

self-image. Her highest scores were related to her social self and self-acceptance; her lowest, to her family self. Her pattern of responding indicated a guarded approach, with a tendency to avoid committing herself.

ISB and Interview. 'I's' responses to the ISB and interview indicated she was sociable and friendly, had a low frustration tolerance, and lacked insight into her own motives and feelings. She described herself as "extremely impatient and hot-tempered," and experienced nystagmus when angry. She regularly abused alcohol as a means of coping.

Case 10. 'J' is a 19 year old, married, white female who was initially abused by her police officer father when she was age two and one-half to age four. The youngest of two daughters, 'J' reported being beaten with his gun holster, having a shot fired at her, and she and her sister having their hands burned by him when caught playing with matches. The abuse usually occurred when he had been drinking or after one of her parents' frequent arguments. When she was about four, her parents divorced. At five, 'J' was diagnosed as hyperactive and put on dexedrine until age 10. School problems began early, with 'J's' having to repeat kindergarten.

At 10, her mother remarried a man who had a disability and was unable to work. 'J's' mother, therefore, supported the family by working as a nurse. At this time 'J's sister was sent to an aunt's home to be raised by her. By 11, 'J' was being physically abused by her disabled step-father who would punch her with his fists, giving her black eyes and bruises, particularly when he had been drinking and her mother was not around. This continued until 'J' was 14.

She rarely defended herself for fear of hurting his already injured back. About this time 'J' began doing even worse in school, failing courses and skipping classes.

She first ran away at 12 after a rather severe beating by her step-father and was suspended from school in the eighth grade. She quit school and was placed in an alternative school at age 13, which coincided with her first placement in a foster home and a two-month stay in a state hospital after running away. She would be placed in 10 or more foster homes over the next four years, run away almost 50 times, and drop out of school in 10th grade. At 15, she began using a variety of drugs, primarily marijuana, speed, and alcohol, and continued to use them somewhat heavily until about one and one-half years ago. After leaving school, she worked periodically as a maid, waitress, and nurse's aide.

At 17, 'J' became pregnant by her boyfriend and they married three months before their son was born. They have both had difficulty finding work the past year and one-half and frequently receive state support. 'J' is currently pregnant with their second child and both she and her husband are unemployed.

MMPI. The validity of 'J's' profile (see Table D-1) is somewhat in question as she experienced difficulty with the reading level of the instrument. A cautious interpretation indicated she was overly sensitive, shy, distrustful, lacking self-confidence, had somatic concerns, was somewhat rigid, and felt misunderstood. It should be noted that 'J' was pregnant at the time of the interview and was experiencing morning sickness regularly. The analysis of critical

items indicated somatic concerns, family discord, authority problems, and distress and depression (see Table D-2).

TSCS. 'J's' TSCS scores (see Table D-3), with one exception, were all below the mean indicating below average self-esteem and a relatively negative self-image. Her physical self score was just slightly above the mean, and her lowest score was regarding her family self.

ISB and Interview. 'J's' responses on the ISB and in the interview indicated considerable confusion, lack of trust and insight, feeling misunderstood, and social discomfort. She described learning problems and an extensive delinquent history. Her ISB responses also indicated dependency on and over concern for her son.

Case 11. 'K' is a 26 year old, married, white female who was born out-of-wedlock to working-class parents. Her parents never married and 'K' never knew her biological father. He died when she was three. Also when 'K' was three, her mother, who was pregnant, married 'K's' first step-father. A son was born to them while 'K' was still three, but died at birth. When 'K' was four, her mother and step-father divorced.

Although she reported remembering that her mother began to abuse her at age 10, her grandmother has indicated to her that it was possibly occurring as early as eight or nine. Her mother would kick her, push her, beat her with her fists all over her body, throw things at her, and, on at least several occasions, grab her by the ears and bang her head against a wall. This occurred about once a week and was accompanied by verbal abuse as well.

When 'K' was 13, the abuse increased in frequency and she began to run away from home, usually going to her grandparents' home in the same town. At 14, she was taken by her mother to the minister of their church for counseling. The abuse was not discussed and 'K' stopped seeing him after several sessions. 'K' began using marijuana at 16, and that same year was hospitalized for depression, then treated on an outpatient basis for five months.

'K' was an average student in school who had difficulty in concentrating (she reported day-dreaming often) and problems in mathematics beginning in fifth grade. In 10th grade, she began to be a discipline problem. At 17, 'K' dropped out of school and, after another beating by her mother, went to live with her grandparents for several months. She completed her G.E.D. while living with them. The abuse by her mother stopped at this point, with the exception of one beating when she was about 18 or 19.

At 18, 'K' became pregnant and gave birth to a son out-of-wedlock. When he was three, 'K' began hitting him rather severely. At 20, she began using marijuana and mushrooms fairly regularly and continued this pattern for the next four years. For several years, 'K' would threaten suicide when she became upset or angry and at 22, she attempted to kill herself by taking an overdose of tranquilizers after a broken engagement. That same year her grandfather, to whom she had been quite close, died.

Two years ago, at 24, 'K' married her current husband. She was several months pregnant when they married and had another son shortly after. Her husband, who according to 'K' is an alcoholic, has frequently been abusive towards her. A year ago when his drinking and

abuse were particularly bad, she began biting herself, pulling her hair out, and banging her head against the wall. Several months later they both participated in an in-patient alcoholic program for one month.

Currently, 'K's' husband continues to drink heavily and she is very dissatisfied with her marriage. She works two jobs and has become very actively involved in a fundamentalist church. 'K', who used to drink very seldom, now has at least one drink a day to cope.

MMPI. 'K's' MMPI profile (see Table D-1) indicated she is immature, dependent, overly identified with the traditional female role, resentful, angry, and lacking self-confidence. On the critical items, areas of concern were family discord, sexual difficulties, and distress and depression (see Table D-2).

TSCS. 'K's' scores on the TSCS (see Table D-3) indicated only average self-esteem, a slightly negative self-image, and below average self-confidence. Her highest score (just above the mean) was regarding her social self, and her lowest was regarding her family self.

ISB and Interview. 'K's' responses on the ISB and in the interview indicated defensiveness, loneliness, distress, severe marital discord, and lack of self-confidence. She was rather guarded and suspicious during the interview, seeming resentful of the questions at times.

Individual and Group Data on MMPI, TSCS, and ISB

MMPI. The individual T-scores on the MMPI are shown in Appendix D, Table D-1. Seven of the subjects ('A', 'C', 'D', 'F', 'H', 'J', and 'K') had scores of 70 or above on at least two of the clinical scales. Three of the subjects' profiles ('A', 'D', and 'F') were elevated (70 or above) on more than two of the clinical scales. It

should be noted that both 'A' and 'C' who had elevated profiles were currently in therapy. The validity of 'J's' profile was in question because of her difficulty with the reading level of the inventory and was not included in the following description of subjects. All of the subjects with elevated scales had scores of 70 or above on the Paranoia (Pa) scale. Four ('A', 'C', 'D', and 'H') had scores of 70 or above on the Schizophrenia (Sc) scale as well. The Masculinity-Femininity (Mf) scale was the lowest or very close to the lowest score on all six profiles. The range of Mf T-scores for these six subjects was from 30 to 47, with a mean T-score of 40.

The remaining four subjects ('B', 'E', 'G' and 'I') had scores within the normal range, i.e., below 70 and above 30; however, two of the profiles ('B' and 'E') indicated a tendency to deny problems and to appear better off psychologically than may in fact be the case (F raw score minus K raw score equaled minus 13 and minus 14 respectively for 'B' and 'E'). 'I's' profile also indicated a similar tendency (F - K = -8).

The number of critical items endorsed by each subject is shown in Appendix D, Table D-2. The areas most frequently endorsed were: family discord (all 11 subjects endorsed items in this category); distress and depression (10 out of 11); authority problems (10 out of 11); sexual difficulties (10 out of 11); alcohol and drug abuse (eight out of 11); peculiar experiences and hallucinations (seven out of 11); and ideas of reference, persecution and delusions (six out of 11). The areas least frequently endorsed were suicidal thoughts (one out of 11) and somatic concerns (four out of 11). The individuals endorsing the most number of critical items were 'A' (34), 'D' (27),

'F' (26), 'H' (22), 'J' (21), 'G' and 'K' (20 each), and 'C' (16). 'B' and 'E' endorsed the least number of critical items with seven each.

TSCS. Individual and mean T-scores on the TSCS scales are shown in Appendix D, Table D-3. With one exception ('E'), all subjects' overall self-esteem scores, i.e., Total P scores, were at or below the mean. The range of Total P scores (excluding 'E') was from 38 to 50. 'E's Total P score was 71. The mean Total P for all 11 subjects was 45.45.

In examining the mean scores of the scales, the lowest mean scores related to identity (40.77), family self (40.82), behavior (42.91), and physical self (44.09). The two highest mean scores were in the areas of moral-ethical self (51.64) and personal self (51.18).

ISB. Individual responses to the ISB are listed in Appendix E by item.

Summary of Data by Research Question

The participants in this study varied in terms of age, marital status, education, socio-economic status, and religion. A summary of this demographic data is shown in Appendix F, Table F-1. The 11 subjects ranged in age from 19 to 58 years old with a mean age of 33.7 years. All were Caucasian although two women had Spanish surnames from their previous marriages. Four subjects were married, two were single, and five were divorced. None of the married women were married previously, and two of the divorced women had been married twice. Of the seven women who were unmarried, three were currently in a relationship with a man. Seven of the women had children, one was currently pregnant ('J'), and one thought she might be pregnant ('D').

The level of education of the subjects ranged from less than a high school degree to advanced graduate work, with the average number of years of schooling, 14. Five women were currently enrolled in college. Five of the women were currently employed, and all but two had worked outside the home in the past year. The subjects' individual earned incomes for the past year ranged from $0 to $22,000, with an average of $6,754. The total family incomes for the past year ranged from $4.326 to $30,000, with an average of $14,052.

Four of the subjects described themselves as religious, two as somewhat religious, one as "spiritual", and four as not religious. Of the four who were religious, one was Methodist, one Mormon, one Congregrational, and one Church of Nazarene. The two who were somewhat religious were members of the Episcopal and Assembly of God churches respectively. The one who described herself as "spiritual" was interested in Eastern religions and formerly was Baptist.

Research Question One. What is the current psychosocial functioning of adult women who were abused as children? Although the subjects in this study varied with regard to their current psychological and social functioning and, with two exceptions, were a non-client population, overall they appeared to be functioning at a less than optimal level.

Their MMPI, TSCS, and ISB profiles characterized them as suspicious, distrustful, anxious, overly sensitive, confused, withdrawn, isolated, resentful, and with low self-esteem and negative self-concepts. They appeared strongly identified with the traditional female role and described themselves in stereotyped terms.

Their family attitudes, as a group, were generally quite negative. They expressed anger, resentment, and fear towards their parents regarding the abuse they experienced. Their parents were seen as rejecting and failing to provide the love, security, and tenderness they desired and needed as children. Although their attitudes toward men and women in general were slightly more positive, they were still quite negative; distrust, dislike, and hostility were expressed. As adults they seemed to be attempting to develop the relationships with female friends that were lacking in their childhoods.

Sexual difficulties were expressed as well as sex-role confusion. They were very dependent on males for their strong dependency and affectional needs, yet their intense fear and distrust of men in particular prevented them from experiencing closeness and intimacy in satisfying interpersonal relationships. This pattern was somewhat less true in their relationships with women; however, they still experienced considerable distrust of women. In general they tended to experience strong ambivalence and conflict regarding intimacy, exhibiting both dependent and counterdependent behaviors. Furthermore, they had some difficulty expressing their feelings in a modulated fashion and tended to be emotionally labile.

Fears of their own and others' anger, physical violence, abandonment, and rejection also characterized the group. They experienced frequent tension, anxiety, and confusion. They had strong needs for acceptance and approval, yet seemed to lack the social skills, self-confidence, and trust necessary for positive social interactions. They defended against social rejection by denial and withdrawal. As

a result, they frequently felt isolated and lonely, and depression was a common experience.

As a group, they coped by withdrawing into fantasy, solitary activities, or drinking. They seemed most comfortable when alone. Their distrust and fear of others prevented them from using what social support system they did have when faced with a problem. Confusion and cognitive distortions were apparent, particularly under stress. They worried about financial and emotional security and abandonment.

Their low tolerance for frustration and poor impulse control contributed to their conflicts with authority, abuse of alcohol, and abuse of drugs. A history of difficulties in school, delinquent behavior, marital conflicts, and poor work records characterized them as a group. Although they were optimistic about the future, their optimism was possibly somewhat unrealistic given their current level of functioning.

Research Question Two. What was the nature and extent of the abuse that these women experienced? A summary of the abuse data is presented in Appendix F, Table F-2. The age at which subjects were first abused ranged from two and one-half to 18. The average age at which the abuse began was 7.7 years. All subjects were initially abused by their biological parents; five were initially abused by their mothers, and six were initially abused by their fathers. The length of time the subjects were abused by their parents ranged from four to 21 years. It should be noted that all subjects were abused during adolescence. One subject ('E') was abused only one time at age 18. The frequency of abuse was quite variable and ranged from one time to almost every day.

Four subjects were abused by a second person prior to age 18. Two experienced abuse from step-fathers ('A' and 'J'), and one from an older brother ('D'). 'F' was subsequently abused by a sister-in-law, her grandmother, and a foster mother prior to age 18. The ages at which the abuse ceased by family members for all subjects ranged from 14 to 25. Eight of the 11 subjects had been abused since leaving home, most frequently by husbands or male partners. Only 'B', 'G', and 'J' were not abused by a partner.

Subjects' ratings of how severely they were abused ranged from four to seven on a seven-point scale (seven equalled very severely abused). 'K' reported a severity rating of four to her body and seven to her soul. The mean severity rating was 5.45. Ratings regarding the impact the abuse had on their lives ranged from two to seven on a seven-point scale (seven equalled great impact) with a mean rating of 5.13.

Seven of the women had also been abusive toward someone. Five of the seven had been abusive with their children ('B', 'C', 'E', 'F', and 'K'). With the exception of 'K', these women had initially been abused by their fathers. 'K', however, was subsequently abused by her husband. 'H' and 'K' reported being abusive with their ex-husband and husband respectively, as self-defense during a battering incident. 'I' and 'K' also struck their mothers during an abusive episode. 'B' and 'I' both reported being abusive towards their sisters.

Only one subject, 'I', reported a broken bone during an abusive episode, and only two subjects, 'E' and 'I', received medical care for abuse-incurred injuries. It should not be inferred, however, that other subjects did not require medical care after an abusive incident.

Although a number of the women were quick to state that they were not as badly abused as some people they knew or had read or heard about, they nevertheless believed that overall, the abuse they experienced was relatively severe and had a considerable impact on their lives. In almost all cases, the women reported concomittant psychological abuse.

Research Question Three. As children, did these women exhibit any of the problems which other researchers have found in abused children such as suicide attempts, self-destructive behavior, runaway attempts, learning or behavioral problems in school, nightmares, delinquent behavior, etc.?

The women in this study exhibited the behaviors and problems found in previous research with abused children in varying degrees. Their responses to questions regarding self-destructive behaviors and problem areas are shown in Appendix F, Table F-3.

Ten of the 11 subjects experienced some type of academic problems in school, and seven ran away from home at least once. Four women attempted suicide (one, 'D' as young as six years old), and five made suicide threats or gestures. Fewer women reported engaging in self-mutilating behavior as children than previous research with abused children has found. Two subjects engaged in self-biting as adults. One subject, 'I', cut herself during a suicide attempt. No subjects engaged in self-burning although one, 'J', was burned as a child by her father. Two women, 'B' and 'I', pulled their hair out as children, while two others, 'D' and 'K', engaged in this as adults. One subject, 'F', banged her head as a child, and one other, 'K', engaged in this as an adult.

All 11 subjects reported recurring nightmares at some point in their lives. Eight of the women described nightmares in which they witnessed a violent scene or were chased by someone or something trying to harm them. All 11 subjects also reported intense fears or phobias. Eight of the 11 subjects described fears of close interaction with other people.

Two women, 'A' and 'D', reported that they had been in trouble as a result of their sexual behavior. Three subject, 'G', 'J', and 'K', did not respond yes to the question, yet all three had become pregnant out-of-wedlock. Only four subjects had been in trouble with the law, i.e., arrested; however, seven had engaged in delinquent acts during adolescence or early adulthood for which they were not caught. The four subjects who had no record of delinquent or criminal behavior were the four oldest subjects in the study, 'B', 'E', 'F', and 'H'.

Although it was not possible in this study to assess childhood self-esteem and self-image, almost all of the subjects used very negative terms to describe how they felt about themselves as children, pointing to possible historical low self-esteem and negative self-concept.

Research Question Four. Did any of the problems which other researchers found in abused children continue into adulthood? With the exception of problems in school, delinquent behavior, runaway attempts, and nightmares, many of the self-destructive and problem behaviors experienced by the women in this study occurred during their adult years (see Appendix F, Table F-3). As previously stated, when they did engage in self-destructive or self-mutilating behavior,

it was most often during adulthood, e.g., self-biting, hair-pulling, and head-banging.

The current overall self-esteem of all subjects, except one (as measured by the TSCS) was average or below average. All subjects currently reported strong fears or phobias and several indicated the continuation of recurring nightmares into adulthood.

Although not reported by previous researchers, a high incidence of alcohol and drug use and abuse was found among the subjects. (Most research on physically abused children has been conducted with individuals under age 13 when alcohol and drugs would not be as accessible.) Six of the women used alcohol excessively at some point in their lives. Eight used alcohol currently and often to excess. Six women abused prescription or illegal drugs during adolescence or adulthood, and three currently used such drugs. Two of the current users, 'G' and 'I', used cocaine heavily in addition to their heavy alcohol use. Only one subject, 'F', had no history of alcohol or drug abuse (her religion prohibits the use of drugs or alcohol); however, her ex-husband was an alcoholic. Although 'F' reported the least number of self-destructive behaviors or problem areas overall, she did report the greatest number of fears and phobias.

Another previously unreported area in which subjects experienced difficulty was work performance and employment. Eight of the 11 had been fired from jobs, and all but one, 'B', showed evidence of spotty work history and frequent job changes. Discharge from a job was often due to conflicts with the employer or alcohol-related problems.

Research Question Five. As adults, do these women display any of the behaviors and attitudes found by other researchers in their studies

of adult women who were sexually abused as children, i.e., guilt, depression, distrust of men, poor self-image, feelings of isolation, or inadequate social skills? Interestingly, the women in this study described many of the difficulties experienced by women who were sexually abused as children. Guilt, depression, distrust of men, poor self-image, feelings of isolation, inadequate social skills, and repetition compulsion were reported by the subjects in this study. However, some differences were noted. The women in this study were not only distrustful of men but almost equally distrustful of women, resulting in greater difficulties in interpersonal relationships and perhaps a greater sense of isolation and alienation. This distrust may be due, in part, to the fact that over half the women in this study were abused at one time by their mother or a female caretaker. However, those who only experienced abuse from their fathers or some other male also described considerable distrust of women.

The subjects' ratings of how trusting they were of men and women are presented in Appendix F, Table F-4. Their ratings ranged from one to four on the seven-point trust of women scale (1 = very trusting, 7 = very distrusting). The mean rating was 3.18 for the group. On the trust of men scale, the responses ranged from one to six with a mean rating of 3.82.

Significant sexual dysfunction was reported by women sexually molested as children (Tsai and Wagner, 1978). Although sexual functioning was not directly assessed in this study, an interesting finding was that many of the women reported sexual difficulties (as measured by the MMPI critical items). This finding was not surprising

as positive self-esteem and physical self-image are necessary to adequate sexual functioning.

Research Question Six. Do these women perceive any difficulties as having resulted from their abuse? Only one subject ('B') felt that she experienced no difficulties as a result of the abuse. The other 10 subjects expressed a variety of difficulties which they believed derived from their abuse. The problems most commonly expressed were poor interpersonal relationships, lack of trust, fears and anxiety, inappropriate expression of anger and fear of others' anger, low self-esteem and negative self-image, isolation, and self-destructiveness. School problems, depression, an inability to love, and inadequate parenting skills were also expressed by several subjects. One subject, 'E', felt her problems originated more from witnessing abuse of her siblings than from her own abuse (she was abused only once by her father).

Research Question Seven. Are there any patterns or themes related to the abuse which can be identified in these women's lives? Several patterns or themes emerged from the findings of this research that characterized the lives of the women studied. A predominant theme was that of family and marital discord. All but one of the subjects had experienced divorce, or death of one or both of their parents, or their own divorce. Furthermore, in addition to receiving and witnessing abuse in their families of origin, they also experienced abuse in their nuclear families. Marital conflicts and poor interpersonal relationships were common and contributed to feelings of depression and isolation.

Another pattern was the use of alcohol and drugs to cope with or escape from the stress in their lives. Most of the women used alcohol or drugs excessively either currently or in the past. In addition, parents or partners were frequently reported as alcoholics or problem drinkers. For some, the abuse they experienced was often associated with alcohol consumption.

A high degree of distrust of others was another predominant theme which emerged. Both men and women were viewed with suspicion and fear and described in negative terms. This might be interpreted as a projection of their own anger and hostility onto others as a result of their discomfort with their own aggressive impulses. Certainly, given their abusive histories, such distrust of others becomes understandable. Their lack of trust combined with low self-esteem and negative self-image provided little opportunity for the development of satisfying relationships.

Research Question Eight. Do these women report factors which helped to mitigate the effects of the abuse? When asked what people or experiences helped lessen the effects of the abuse, five of the women ('A', 'D', 'F', 'J', and 'K') mentioned talking with a counselor or therapist. Eight stated talking with a peer (e.g., friend, husband, or male partner) was helpful, and one ('E') stated her children lessened the effects of abuse because they gave her the love and affection she never had. Three women said that talking with an older woman (e.g., mother, grandmother, or friend's mother) was helpful.

Of the 11 women, only 'B' had not had contact with a counselor or therapist at some point in her life. Although the other 10 had seen a counselor, only five ('A', 'C', 'G', 'J', and 'K') had been in

therapy for problems related to the abuse. Two women, 'A' and 'C', were currently in therapy for problems related to the abuse.

Discussion of Results

It could be inferred from the results of this study that the effects of abuse are harmful and enduring. Physical abuse may not have to involve major injuries for it to leave psychological scars or to affect the abused individual's adult psychosocial functioning. There is even some evidence to suggest that the effects of abuse may perhaps be cumulative, i.e., childhood abuse interferes with early developmental tasks which then interferes with later development. Difficulties in psychological and social functioning are seen even in a generally non-psychiatric population long after the abuse is terminated.

Early abuse not only seems to interfere with the individuals' later psychosocial functioning, but it also seems to leave them vulnerable to future abuse due to problems of low self-esteem, impaired judgement, and early socialization as vicitims, i.e., abused female children may often become abused adults. In addition, the physical abuse of a child by a parent may not necessarily cease as the child reaches adolescence, and for some, the abuse may not start until then. Even more disturbing is the evidence to suggest that abused children become abusive parents, thus perpetuating the abuse cycle. Low frustration tolerance, poor impulse control, and their own strong dependency and affectional needs leave them at risk to abuse their own offspring.

This study also suggests that physical abuse rarely, if ever, occurs independent of psychological abuse. For many, their own

physical abuse may be coupled with witnessing the abuse of a parent or sibling(s). Furthermore, this study suggests that physical abuse of a child may be tied to marital conflicts between parents with the child acting as the scapegoat in the family.

In addition to delinquency, school problems, runaway attempts, nightmares and phobias, and various self-destructive behaviors, adult women who were abused as children may engage in alcohol and/or drug abuse. This may be a means of coping with their feelings of anxiety and depression. However, their substance abuse may interfere with job and school performance, thus creating greater depression and anxiety. Other self-destructive behaviors such as suicide attempts, delinquency and illegal activities may act to reinforce their already low self-esteem, guilt, and feelings of worthlessness.

The abuse of alcohol and drugs has not been reported by previous researchers and is a finding which deserves attention. As children, many of the women reported coping with the abuse and violence in their families by fantasy and withdrawal. As adults, alcohol and drugs provided a similar means of coping, which for some may also act as a disinhibitor in social situations in which they experience considerable discomfort and anxiety due to poor social skills, etc.

The results of this study also point to the use of fantasy as a means of coping with physical abuse. This coping mechanism appears to persist into adulthood for abused individuals and it may interfere with cognitive and interpersonal functioning. For some, this may result in their inability to distinguish reality from fantasy and/or the avoidance of interpersonal conflicts by escape into fantasy. More

information is needed about this topic before more conclusive statements can be made.

Some of the other long-term effects of abuse may be lack of trust, poor interpersonal relationships, marital and sexual difficulties, conflicts with authority, and poor work history. Strong ambivalence with regard to intimacy and interpersonal relationships seems to be a prevalent feeling among adult women abused as children. They crave the love and affection which they failed to receive from their parents, yet fear the intimacy with others that could satisfy their affectional needs.

Identity confusion and poor self-image also contribute to their feelings of fear and ambivalence regarding intimacy. With little exception, the women viewed themselves currently as undesirable, unworthy, depressed, unhappy, and lacking self-confidence. Most used even more negative terms to describe how they felt about themselves as children, pointing to historical low self-esteem and poor self-image. Although there is some indication that their self-concept may possibly be more positive as adults than as children, concern must be expressed about a group of women who exhibit such low opinions of themselves.

From the TSCS scores, there is evidence to suggest that early physical abuse may have a negative impact on the individual's body image or physical self-concept. This negative body image may contribute to later difficulties in sexual functioning. Another factor which may contribute to sexual difficulties is the occurrence of abuse during adolescence. All of the women in this study were abused as adolescents. Abuse during adolescence may interfere with the developmental tasks of separation and individuation, as well as sexual development, all of

which are necessary for the development of adequate sexual functioning and satisfying interpersonal relationships.

A new and disturbing finding is the poor work histories of many of the subjects. Alcohol and drug abuse, poor interpersonal skills, and conflicts with authorities contributed to their difficulties in retaining satisfactory employment and thus, their ability to become financially independent. This finding also suggests that the adjustment difficulties of adults abused as children are far-reaching.

Unfortunately, due to their high levels of distrust, denial and unwillingness to discuss personal problems, and tendency to blame others for their problems, adults women abused as children are generally not amenable to therapy. By their own reports, when they do come to the attention of a therapist or counselor, they are most often in a crisis state and/or may seek help for problems unrelated to the abuse. MMPI scores indicate their prognosis in therapy is rather poor and they may frequently terminate prematurely. However, when the abuse is identified and dealt with in therapy, they may eventually come to trust the therapist.

CHAPTER FIVE
CONCLUSIONS, IMPLICATIONS, SUMMARY, AND RECOMMENDATIONS

Conclusions

The following were conclusions of this study:

1. Physical abuse does not have to involve serious injury or have occurred over a long period of time to have possible detrimental or long-term effects on the abused individual.

2. Adult women physically abused as children (even those who are not in therapy) may be functioning at a less than optimal level, with difficulties related to low self-esteem, distrust of others, poor interpersonal relationships, depression, excessive fears, inadequate social skills, anxiety, and cognitive distortions.

3. As children, these women may have experienced problems which other researchers have found with abused children, such as suicide and runaway attempts, self-destructive behavior, poor school performance, recurring nightmares, and delinquent behavior.

4. Problems found with abused children may continue into or even begin in adulthood for women abused as children. Furthermore, as adults they may experience problems with drug and alcohol abuse and poor work performance.

5. Women who are physically abused as children may experience many of the same problems as women sexually abused as children, i.e., guilt, depression, distrust of men, poor self-image, feelings of

isolation, inadequate social skills, or sexual difficulties; however, they may also be distrustful of women.

6.) Self-report of perceived difficulties resulting from physical abuse may include problems related to poor interpersonal relationships, lack of trust, fears and anxiety, inappropriate expression of anger and fear of others' anger, low self-esteem and negative self-image, isolation, and self-destructive behaviors.

7.) Patterns of loss due to parental death or divorce, marital and family discord, and abuse of alcohol and drugs may be found with women who were physically abused as children.

8.) Factors which help mitigate the effects of physical abuse may be understanding and supportive friends, spouses, and/or therapists.

Implications

The implications of this study apply most directly to the practice of counseling and therapy and the training of professionals in such fields. Since adults who were abused as children may not seek help for problems related to abuse, and since the effects of abuse may be long-term, a strong recommendation is made for the early identification of children who are being abused. As most abused children seem to experience difficulties in school, the need for teacher and counselor education and awareness with regard to the signs and symptoms of abuse is paramount. Discussion of abuse and its effects in the classroom is also suggested. In the same vein, school counselors and administrators must be knowledgeable about the laws and avenues regarding the reporting of child abuse, as well as sensitive to the impact of abuse on the child. It is important to note that

the abused child may just as easily be the very shy, withdrawn pupil as the defiant, unruly one.

The same recommendation is made with regard to college teachers, counselors and administrators since college students who were abused as children or teenagers may continue to experience difficulties. Student affairs personnel in housing, dean of students and counseling, in particular, may have opportunities to intervene and assist these students in obtaining help. Due to the possible long-term effects of abuse and the improbability of physically abused individuals to seek help, earliest possible identification is crucial.

Another implication concerns the education of adults regarding the existence and effects of physical abuse so that those who were abused become aware of possible problem areas and seek help when necessary. Media such as television, radio and newspapers can be utilized to inform the public about the effects of abuse and provide information about the resources available to those who have experienced abuse. Increased public awareness of and sensitivity to abuse victims may help mitigate the negative effects of abuse and decrease the abuse victims' sense of isolation and aloneness.

For those adults who do seek professional help, a comprehensive treatment program might include assertive training, stress management, relaxation training, and development of interpersonal and social skills. Group therapy with women abused as children can be an effective form of treatment and help overcome feelings of isolation and loneliness. However, the group therapist(s) must have a high level of training and skill in order to cope with the strong dependency needs and fears of these women and their difficulties in

interpersonal relationships. The possibility of alcohol or drug abuse should not be overlooked by therapists treating women who were abused as children, and when the abuse occurred during adolescence, sexual difficulties and sex-role confusion may also be present.

Lack of trust, poor object-relations, strong ambivalence regarding close interpersonal relationships, and authority conflicts may interfere with the therapy process and must be dealt with by the therapist over the course of treatment. The potential for self-destructive and self-mutilating behavior should also not be disregarded.

Graduate training for counselors and therapists might include seminars or courses on the topic of physical abuse, its identification, effects on psycho-social functioning, and treatment. Since many abuse victims are women, such training might also include information relevant to specific women's concerns, particularly effective parenting skills. Training for professionals working with adults abused as children should stress sensitivity to and awareness of not only the individual's current difficulties, but also the early losses experienced as a result of the abuse and the possible inadequate integration or mastery of earlier developmental tasks.

Summary

This study examined, in depth, predominantly non-client, adult women who were physically abused as children or teenagers by a parent or parent-surrogate, to assess their current psycho-social functioning and explore the long-term effects of abuse. Case studies and group data were presented of 11 women who participated in a psycho-social

interview and completed the MMPI, Tennessee Self-Concept Scale, and Rotter Incomplete Sentences Blank.

It was found that all subjects were abused until adolescence or early adulthood by a parent, family member, or guardian. The majority were also subsequently abused by a spouse or male partner. The majority of women who had children had also abused at least one of their children (most frequently their first-born).

Results indicated that in most areas the women were functioning at an average to below average level and experienced difficulties related to self-esteem, depression, distrust of both men and women, poor interpersonal relationships, isolation, inadequate social skills, and impaired impulse control and cognitive functioning. Self-mutilation and self-destructive behaviors found in previous research with abused children were reported to a lesser degree by the women in this study, whereas academic problems, delinquent behavior, recurring nightmares and phobias were frequently reported. The subjects reported a disturbingly high incidence of drug and alcohol abuse as adults as well as poor work histories.

Results also indicated that the difficulties experienced by women physically abused as children were similar to those found with women who were sexually abused as children. Physically abused women, however, reported considerable distrust of women as well as men. Marital conflicts, sexual difficulties, fear and loneliness characterized many of the subjects' lives. Recurring themes were parental death and divorce, marital and family discord, distrust of others, and alcohol and drug abuse.

Perceived mitigating factors were talking with a friend, spouse or therapist about the abuse. Although most had experienced some counseling or therapy, few voluntarily sought help for problems related to the abuse, and the abuse often went unidentified in therapy. When in therapy, premature termination was not uncommon.

Conclusions of this study were that the effects of physical abuse even without serious injuries may be long-term and negatively impact adult psychological and social functioning. However, in spite of decreased functioning, adults abused as children are not likely to seek help for the numerous difficulties they experience.

Recommendations

Due to the pioneering nature of this study, much remains unknown about adults who experienced abuse as children or adolescents. Several recommendations are suggested with regard to future research in this area. One area recommended for more extensive research is the examination of the differences, if any, between women who were abused by mothers and women abused by fathers. The number of women in this study abused by mothers (five) and the number abused by fathers (six) was too small to draw any definite conclusions. Furthermore, several were abused by more than one parent, and almost all were later abused by a male partner. This multiple abuse could create confounding effects. Controlled studies with larger numbers of subjects might provide more conclusive data regarding differential effects in psychosocial functioning and in relationships with men and women.

Another topic for future research is the examination of men who were physically abused as children. No study to date has examined the differential effects of physical abuse on males and females. The

study of such effects would provide valuable information regarding the differential adjustment of abused males and females with implications for treatment. Additionally, would the impact of abuse be different for males abused by a father than for females abused by a father? Similarly, what differences in impact would be found between men and women abused by their mothers?

The question also remains concerning the effects on a child of witnessing the abuse of siblings or parents. Are the effects of witnessing abuse similar to or as detrimental as those related to actual abuse? In the same vein, would witnessing abuse in addition to experiencing abuse compound the effects of abuse significantly?

Other topics which need to be explored in greater depth with adults abused as children relate to the impact of physical abuse on body image and subsequent sexual functioning, fantasy as a means of coping and its effect on later cognitive functioning, difficulties in adult intimate relationships, and alcohol and drug abuse. Initial findings point to difficulties in these areas which previous research of abused children has, understandably, not examined or identified. Again, controlled studies with larger numbers of subjects might provide more conclusive information about these topics.

The nature of this study of adult women physically abused as children was descriptive and pioneering in nature. Although no definite statements can be made with regard to cause and effect, the findings suggest that the effects of physical abuse are enduring and detrimental to adult psycho-social functioning. It is hoped that the data presented will spark future research in this area and suggest other avenues of study about adults who experienced childhood abuse.

APPENDIX A
MMPI CRITICAL ITEMS

I. Distress and Depression

5. (T) I am easily awakened by noise.

27. (T) Evil spirits possess me at times.

86. (T) I am certainly lacking in self-confidence.

142. (T) I certainly feel useless at times.

152. (F) Most nights I go to sleep without thoughts or ideas bothering me.

158. (T) I cry easily.

168. (T) There is something wrong with my head.

178. (F) My memory seems to be all right.

182. (T) I am afraid of losing my mind.

259. (T) I have difficulty in starting to do things.

337. (T) I feel anxiety about something or someone almost all the time.

II. Suicidal Thoughts

88. (F) I usually feel that life is worthwhile.

139. (T) Sometimes I feel as if I must injure either myself or someone else.

202. (T) I believe I am a condemned person.

209. (T) I believe my sins are unpardonable.

339. (T) Most of the time I wish I were dead.

III. Ideas of Reference, Persecution, and Delusions

35. (T) If people had not had it in for me I would have been much more successful.

110. (T) Someone has it in for me.

121. (T) I believe I am being plotted against.

123. (T) I believe I am being followed.

151. (T) Someone has been trying to poison me.

200. (T) There are persons who are trying to steal my thoughts and ideas.

275. (T) Someone has control over my mind.

293. (T) Someone has been trying to influence my mind.

331. (T) If people had not had it in for me I would have been much more successful.

347. (F) I have no enemies who really wish to harm me.

364. (T) People say insulting and vulgar things about me.

IV. Peculiar Experiences and Hallucinations

33. (T) I have had very peculiar and strange experiences.

48. (T) When I am with people I am bothered by hearing very queer things.

66. (T) I see things or animals or people around me that others do not see.

184. (T) I commonly hear voices without knowing where they come from.

291. (T) At one or more times in my life I felt that someone was making me do things by hypnotizing me.

323. (T) I have had very peculiar and strange experiences.

334. (T) Peculiar odors come to me at times.

345. (T) I often feel as if things were not real.

349. (T) I have strange and peculiar thoughts.

350. (T) I hear strange things when I am alone.

V. Alcohol and Drugs

156. (T) I have had periods in which I carried on activities without knowing later what I had been doing.

215. (T) I have used alcohol excessively.

251. (T) I have had blank spells in which my activities were interrupted and I did not know what was going on around me.

460. (F) I have used alcohol moderately (or not at all).

VI. Sexual Difficulties

20. (F) My sex life is satisfactory.

37. (F) I have never been in trouble because of my sex behavior.

69. (T) I am very strongly attracted by members of my own sex.

74. (T) (MALE) I have often wished I were a girl. (OR, if you are a girl--)

133. (F) I have never indulged in any unusual sex practices.

179. (T) I am worried about sex matters.

297. (T) I wish I were not bothered by thoughts about sex.

302. (F) I have never been in trouble because of my sex behavior.

VII. Authority Problems

38. (T) During one period when I was a youngster I engaged in petty thievery.

59. (T) I have often had to take orders from someone who did not know as much as I did.

118. (T) In school I was sometimes sent to the principal for cutting up.

205. (T) At times it has been impossible for me to keep from stealing or shoplifting something.

294. (F) I have never been in trouble with the law.

311. (T) During one period when I was a youngster I engaged in petty thievery.

VIII. Family Discord

21. (T) At times I have very much wanted to leave home.

96. (F) I have very few quarrels with members of my family.

137. (F) I believe that my home life is as pleasant as that of most people I know.

212. (T) My people treat me more like a child than a grown-up.

216. (T) There is very little love and companionship in my family as compared to other homes.

237. (F) My relatives are nearly all in sympathy with me.

245. (T) My parents and family find more fault with me than they should.

308. (T) At times I have very much wanted to leave home.

IX. Somatic Concerns

2. (F) I have a good appetite.

9. (F) I am about as able to work as I ever was.

23. (T) I am troubled by attacks of nausea and vomiting.

55. (F) I am almost never bothered by pains over the heart or in my chest.

114. (T) Often I feel as if there were a tight band about my head.

125. (T) I have a great deal of stomach trouble.

153. (F) During the past few years I have been well most of the time.

175. (F) I seldom or never have dizzy spells.

189. (T) I feel weak all over much of the time.

243. (F) I have few or no pains.

APPENDIX B
STRUCTURED INTERVIEW FORM

Part I.

Age: _____ Date of Birth: _____ # _____

Ethnic Identification:

_____ White

_____ Black

_____ Spanish Surname

_____ American Indian/Alaskan Native

_____ Asian/Pacific Islander/Indian Subcontinent

Marital and Family Background

Marital Status:

_____ Single _____ Married

_____ Divorced _____ Separated

_____ Widowed

If married, how many years: _____

Previous marriages:

	Length	Year ended	How ended (divorce, death)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

If not married, are you currently in a relationship? _____Y _____N

How long? _____ Description _____

_____

How satisfied are you with your marriage/relationship?

1	2	3	4	5	6	7
Very Satisfied						Very Dissatisfied

Number of Children: _____

Ages	Sex
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Include and indicate any adopted, foster or step-children (A, F, S).

Have any children died? _____Y _____N

How many? _____ Age at death(s) _____

Parents:	Age (D if dead, year and age at death)	Occupation
Mother	_____	_____
Father	_____	_____

Step or Foster Parents:

_____	_____	_____
_____	_____	_____

Siblings (including self):

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Occupations and Income

What is current employment? _____ How long? _____

Previous occupations? _____

What employment held longest? _____ How long? _____

Approximate number of jobs since age 18? _____

Number of years since age 18 employed full-time? _____

Number of years since age 18 employed part-time? _____

Any volunteer work? ____Y ____N How long? _____ Type? _____

_____

Have you ever been fired from a job, been asked to resign, or resigned because you knew you were going to be fired? _____Y _____N

Description _____

How satisfied are you with your current employment?

1	2	3	4	5	6	7
Very Satisfied						Very Dissatisfied

If not presently employed, do you plan to be? _____Y _____N

What kind of work would you like to be doing? _____

Spouse's occupation: _____

Your income/year $ _____

Spouse's income/year _____

Income from other sources/year _____

Total Family Income _____

Education

Education before leaving school (1), and highest level of academic achievement (2):

_____ Less than high school, _____ years

_____ Attended high school, _____ years

_____ High school diploma, _____ GED

_____ Attended vocational/technical school _____ years

_____ A. A. degree

_____ Attended college _____ years

_____ Bachelors degree

_____ Attended graduate/professional school _____ years

_____ Graduate/professional degree. Degree _____

What did you study? _____

Have you ever returned to school? ____Y ____N

Description _____

Do you have plans to return to school? _____

Total years education: _____

Did you ever have any academic problems in school? _____Y _____N

When (grades) _____ Description _____

Did you ever get in trouble at school, e.g., expelled, suspended, etc.?

_____Y _____N Description _____

Religion

Are you a religious person? _____Y _____Somewhat _____N

Do you attend services/participate in church activities?

_____N _____Y _____Often _____Very Active

Religious affiliation: _____

Physical Health

How would you rate your current physical health?

_____ Poor _____ Good

_____ Fair _____ Excellent

Have you had any serious health problems or injuries, or do you have a disability? ____Y ____N Description _____

_____

Do you use alcohol? ____Y ____N Frequency and Amount _____

_____ How long? _____

Do you use any other drugs (legal or illegal)? ____Y ____N

Frequency and Amount _____

Type _____ How long? _____

Do you smoke? ____Y ____N Frequency and Amount _____

How long? _____

Have you ever gotten into trouble as a result of using alcohol or drugs? ____Y ____N Description _____

Are you currently taking any medication? ____Y ____N

Type _____ Frequency and Amount _____

Part II.

Psychological Health and History

How well do you feel you are getting along personally at this time?

_____ Very well; much the way I would like to

_____ Quite well; no important complaints

_____ Fairly well; have my ups and downs

_____ So-so; manage to keep going with some effort

_____ Fairly poorly; life gets pretty tough for me at times

_____ Quite poorly; can barely manage to do things

_____ Very poorly; am overwhelmed and feel that I cannot deal with things

When you have a problem, who do you go to? (spouse, friends, relatives, children, professionals, institutions) _____

_____

Has this changed over the years? _____

Who are you closest to (emotionally)? _____

Do you have any close women friends? ____Y ____N How many? _____

Do you have any close men friends? ____Y ____N How many? _____

Who or what are your sources of support? (spouse, friends, etc.)

_____

How trusting would you say you are of women?

1	2	3	4	5	6	7
Very Trustful						Very Distrustful

How would you describe what your close relationships with women have been like? _____

_____

How trusting would you say you are of men?

1	2	3	4	5	6	7
Very Trustful						Very Distrustful

How would you describe what your close relationships with men have been like? _____

_____

Have you ever been in counseling/therapy? ____Y ____N

For problems related to the abuse? ____Y ____N

Description _____

Are you currently in counseling/therapy? ____Y ____N

For problems related to the abuse? ____Y ____N

Description _____

When you have a problem, how do you cope with it? _____

_____

How would you rate your coping skills? (1-7 scale, 7 highest) _____

What are your strengths? _____

What are your weaknesses? _____

Are there any situations or experiences you avoid or have avoided because you feel/felt very fearful or anxious? ____Y ____N

Description _____

Have you ever had recurring nightmares? ____Y ____N When began? _____ Description _____

Have you ever run away from home? ____Y ____N # Times _____

Age(s) _____ Why? _____

Have you ever attempted suicide? ____Y ____N # Times _____

Age(s) _____ Description _____

Have you ever gotten into trouble as a result of your sexual behavior? ____Y ____N Description _____

Have you ever gotten into trouble with the law? ____Y ____N

Description _____

Have you ever engaged in:	Age(s)	Length of time	Description
_____ Threatening suicide	_____	_____	_____
_____ Self-biting	_____	_____	_____

_____ Self-cutting _____ _____ _____

_____ Self-burning _____ _____ _____

_____ Hair-pulling _____ _____ _____

_____ Head-banging _____ _____ _____

History of Abuse

Age at which first abused _____ By whom? _____

Were you abused by anyone else prior to age 18? ____Y ____N Who?

1. _____

2. _____

How long did you experience abuse from: 1. _____ to _____

2. _____ to _____

Approximately how many times were you abused? _____

Nature and extent of abuse: How were you abused and under what circumstances? _____

_____

How severely would you say you were abused?

1	2	3	4	5	6	7
Very Mildly						Very Severely

Were you ever hospitalized as a result of the abuse? ____Y ____N

Description _____

Did you feel you had any control over the attacks? ____Y ____N

Description _____

Did you ever fight back? ____Y ____N Description _____

_____

How would you describe your feelings at the time of the abuse?

_____

How did you feel towards your (the abuser) then? _____

_____

How did you feel towards (other parent) then? _____

_____

Did anyone ever attempt to stop the abuse when it was happening?

____Y ____N Description _____

Did you ever seek help during the time the abuse was occurring, or after? ____Y ____N Description _____

Were any of your siblings or parents abused either physically or sexually? By whom? _____

Did anyone in your family die as a result of abuse? ____Y ____N

Who? _____

Are you aware of any relatives outside of your immediate family who were physically or sexually abused? ____Y ____N Who? _____

Do you still have contact with (the abuser)? ____Y ____N

How often? _____

What is your relationship like now with him/her (or if dead, prior to death)? _____

Have you ever discussed the abuse with him/her? ____Y ____N What was his/her reaction or response? _____

Have you been physically abused since age 18? ____Y ____N

By whom? _____

Have you ever been physically abusive towards anyone? ____Y ____N

Who? _____

What impact has being abused had on your life?

1	2	3	4	5	6	7
No Impact						Great Impact

What difficulties have you experienced as a result of being abused?

_____

How many people have you told that you were physically abused? _____

Are there experiences or people that have helped lessen the effects of the abuse? ____Y ____N Description _____

_____

How do you feel now about the fact that you were abused? _____

_____

Life Events

Present:

1. What has been the happiest time (most satisfying) for you this year? _____

   _____ When: _____

2. What has been the saddest time (most difficult) for you this year?

   _____

   _____ When: _____

3. If you had to choose just one event this year that was most important, what would that be?

   _____

   _____ When: _____

Overall:

1. What has been the happiest time (most satisfying) for you?

   _____

   _____ When: _____

2. What has been the saddest (most difficult) time for you?

   _____

   _____

3. If you had to choose just one event in your life that was the most important, what would that be?

_____

_____ When: _____

Are there things related to the abuse or other experiences that I have not asked you about that you would like to know, that you consider important for me to know? _____

_____

_____

APPENDIX C
INFORMED CONSENT

The purpose of this study is to learn more about adult women who were physically abused as children or teenagers, and the impact this has had on their lives. As a participant in this study, you will be asked to complete three instruments (the Tennessee Self-Concept Scale, the Minnesota Multiphasic Personality Inventory, and the Rotter Incomplete Sentences Blank). You will also be asked to participate in a taped interview of approximately two hours in which a personal history and history of physical abuse will be obtained. To protect your privacy, no data will be published in the results of this study that would identify you personally. Tapes of the interviews will be erased upon completion of the study.

As some people find the topic of abuse sensitive, you have the right to not answer any question(s) or to discontinue your participation in the study at any time without penalty, and the data will not be used. Your participation in this study is voluntary and you will not be reimbursed. Upon request, you may receive information on your scores of the inventories upon completion of the study.

If you have any questions about the above procedures, please feel free to ask the investigator, Jean Wisner.

"I have read and I understand the procedure described above. I agree to participate in the procedure and I have received a copy of this description."

Subject	Date
Witness	Date

Jean S. Wisner, Counseling Center, University of Wyoming, Laramie, WY.
Principal Investigator

APPENDIX D
INDIVIDUAL AND GROUP DATA ON MMPI, TSCS, AND ISB

TABLE D-1
INDIVIDUAL T-SCORES ON MMPI SCALES

Subject	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
A	40	60	51	74	69	84	81	45	92	68	81	91	50
B	53	50	57	39	44	47	60	43	53	46	47	53	50
C	46	66	51	44	65	45	52	47	73	53	71	65	61
D	63	83	51	52	55	53	71	43	70	66	84	86	53
E	50	60	66	50	51	56	64	49	50	58	66	60	49
F	56	70	40	52	47	51	60	43	79	65	69	70	76
G	53	60	42	35	47	37	53	53	50	51	51	60	51
H	46	78	53	46	63	52	69	30	73	65	74	55	67
I	36	55	51	47	42	61	57	43	59	58	57	63	42
J[a]	56	68	36	68	76	61	57	45	67	50	52	48	68
K	46	68	59	54	65	66	79	32	70	63	67	60	48

a. Validity of scale in question due to problems with reading level.

TABLE D-2
NUMBER OF MMPI CRITICAL ITEMS ENDORSED BY SUBJECT

Subject	I[a]	II	III	IV	V	VI	VII	VIII	IX	Total
A	5		2	3	3	7	1	8	5	34
B						1	1	5		7
C	4		3	1		2	3	3		16
D	3			5	2	5	6	6		27
E	1				1	1	1	3		7
F	8		2	7	1		1	4	3	26
G	6	1	1	3	2	1	2	4		20
H	7		1	5	2	1	1	5		22
I	2				2	1	3	2		10
J			1	3	1	1	3	3	5	17
K	7					4		7	2	20

a. I. Distress and Depression
II. Suicidal Thoughts
III. Ideas of Reference, Persecution, and Delusions
IV. Peculiar Experiences and Hallucinations
V. Alcohol and Drugs
VI. Sexual Difficulties
VII. Authority Problems
VIII. Family Discord
IX. Somatic Concerns

TABLE D-3
INDIVIDUAL AND MEAN T-SCORES ON TSCS SCALE

Subject	Self-Criticism	Positive Scores (Self-Esteem)					
		Total P	Row 1[a]	Row 2[b]	Row 3[c]	Column A[d]	Column B[e]
A	45	39	38	50	32	37	46
B	50	50	50	52	47	46	43
C	56	41	32	56	35	34	62
D	29	41	30	52	44	52	68
E	54	71	64	76	65	51	69
F	41	38	33	41	42	31	52
G	55	50	47	51	53	46	40
H	53	41	32	56	36	48	60
I	52	39	32	48	37	43	39
J	49	42	42	47	37	53	40
K	51	47	48	51	44	44	49
Mean	48.64	45.45	40.77	49.36	42.91	44.09	51.64

a. Identity

b. Self-Satisfaction

c. Behavior

d. Physical Self

e. Moral-Ethical Self

TABLE D-3--extended

			Variability			
Column C[f]	Column D[g]	Column E[h]	Total V	Column V[i]	Row V[j]	Distribution
42	35	46	38	41	37	31
60	49	52	33	37	29	43
56	50	22	61	51	70	57
55	18	55	71	61	81	53
75	66	73	47	44	51	64
42	40	36	41	39	45	35
55	53	55	44	50	37	52
41	27	41	52	41	58	45
44	35	46	34	29	45	32
42	33	46	54	51	56	41
51	43	52	38	41	33	40
51.18	40.82	47.64	46.64	44.09	49.27	44.82

f. Personal Self

g. Family Self

h. Social Self

i. Variability of Columns A-E

j. Variability of Rows 1-3

APPENDIX E
INDIVIDUAL ISB RESPONSES

1. I like...

   A - to go for long hikes in the mountains.

   B - my husband, daughter, grandson and life in general.

   C - horses.

   D - to try challenges.

   E - so many things, there's not room to list here.

   F - a clean home.

   G - being happy.

   H - (state) sunsets.

   I - to go to the mountains with my boyfriend and camp for a week.

   J - spending time with my husband and son.

   K - myself.

2. The happiest time...

   A - (s) for me, are often when I'm dancing.

   B - is being near my family, plus doing the things I enjoy doing.

   C - in my life was after my husband left and lasted until he showed up again.

   D - is when I'm creating something new.

   E - is whenever I'm with my kids, friends, mother and/or pets or alone.

   F - for me was when my children were small.

   G - was when my children were born.

H - is when I'm with _(boyfriend's name)_.

I - is spring/summer time.

J - of my life was seeing my son for the first time.

K - was time spent with my grandfather.

3. I want to know...

A - as much about the natural world as I can.

B - more about the things that interest me.

C - as much as possible about as many subjects as I can.

D - how to start a gifted/talented school in _(city)_.

E - more about lots of things.

F - how to better understand myself.

G - as much as I can learn.

H - how to cook better.

I - about cancer research.

J - how to be more understanding with my family.

K - that my children will be alright when they grow up.

4. Back home...

A - is a violent chaotic place, I don't plan to return to.

B - I have a lovely house and a husband who cares for me.

C - life is miserable.

D - is a place I never visit, not even in my mind.

E - is a corny expression; home is where I am <u>now</u>.

F - I can shut out the world and be me.

G - reminds me of my parents.

H - they are planting a big garden.

I - I have alot of friends.

J - I feel needed.

K - I spent more time with my grandmother than my mother.

5. I regret...

A - that I was not able to establish a long-term relationship with a man I was in love with two years ago.

B - that I couldn't go to college.

C - not being strong enough to leave home by myself.

D - that my marriage didn't work.

E - very little, because I try to do better the next time around.

F - that I didn't know how to cope with alcoholism with my ex-husband.

G - I ever started drinking, it was the worst thing I could of ever done.

H - leaving my horse in (state) .

I - being a brat when I was little.

J - some things I have done in my life.

K - having cut my hair.

6. At bedtime...

A - I like to see that everything is orderly before getting into bed.

B - I have no trouble falling asleep.

C - I am scared to death.

D - I often read or listen to a self-improvement tape.

E - I like to read in bed before I go to sleep.

F - I'd like to be able to relax.

G - I like to be relaxed.

H - I look forward to my cat leaping up on the bed with me.

I - I like to read or watch TV until I fall asleep.

J - I like to read.

K - I watch T.V. until I go to sleep.

7. Men...

A - can bring out my passionate nature, as well as bring me great pain.

B - for the most part are quite complicated creatures.

C - scare me.

D - are both fun and scarey.

E - come in many shapes, sizes, kinds--some good, some bad.

F - sometimes interest me, but I am "scared" one may want to get to know me.

G - should be given more credit than they sometimes get.

H - are confused these days with their roles.

I - are basically good.

J - can be hard to understand.

K - and women balance each other.

8. The best...

A - way for me to express my sensuality is through dancing, hiking, or as an aspect of a caring relationship.

B - things in life are free.

C - times I have are when I'm horseback riding alone.

D - is yet to come.

E - things in life ARE free--a smile, a flower, sunshine, green grass, a puppy kiss, a cat's purr.

F - things in life are not necessarily free--but earned.

G - times of my life are now.

H - men are those who can live alone and be independent.

I - time I had was in Mexico in 9th grade.

J - thing in my life is my son.

K - things in life are felt not seen.

9. What annoys me...

A - is people who use profanity very frequently when speaking.

B - are inconsiderate people.

C - most is when my kid destroys the house when I'm on the phone or taking a nap.

D - is irrational anger.

E - is unreasonableness.

F - most is vulgarity in women and men.

G - people who don't give a damn about themselves.

H - are parasitic men.

I - is when people are late.

J - is people not understanding me.

K - my lack of self-confidence.

10. People...

A - are fascinating and ever changing.

B - can be quite interesting if they will only try.

C - are not to be trusted for the most part.

D - are better than I used to think.

E - are mostly very interesting.

F - are what "make the world go 'round."

G - should live with love, carefree, and not in prejudice of others.

H - can be wonderful, sincere friends, but true friends are few.

I - should try and respect one another.

J - can be hard to understand at times.

K - all have the same fears.

11. A mother...

A - needs to balance her needs, as well as her family's.

B - should be your best friend.

C - takes care of you.

D - is someone I don't want to be like.

E - loves her kids no matter what.

F - should be her children's best friend.

G - should love her children for whom they are, not what [they] should be.

H - should put her children's happiness first.

I - should try to have patience.

J - is someone you can talk to when in trouble.

K - is not necessarily a mama.

12. I feel...

A - hopeful that I can live in a compatible setting.

B - I have everything a person could want or need.

C - sad.

D - excited about my idea.

E - tired right now, but that will change.

F - "better all over than anywhere else"--except when I hurt or have a pain.

G - very in tune with things these days when I don't drink.

H - happier and healthier right now than I've ever felt before.

I - basically good.

J - good when my son smiles at me.

K - alone.

13. My greatest fear...

A - is that I'll lose my vitality and spirit.

B - is, I might, some day be forced to leave my home.

C - is being assaulted.

D - is being hit or yelled at for no apparent reason.

E - is for my kids, that they might be hurt, physically or mentally, or, god forbid, killed.

F - is "living alone and liking(?) it."

G - is losing my husband and/or children.

H - is not being able to find a job or assistantship now.

I - is drowning.

J - is being alone.

K - is not being accepted.

14. In school...

A - I like the engagement and interaction.

B - I had some very dedicated teachers.

C - I can be myself, good or bad, all by myself.

D - I often daydreamed.

E - I usually enjoy the work, the classes and the teachers--but feel there is too much "Mickey Mouse" stuff.

F - I was afraid of everyone.

G - school was a place where mom could get rid of us for 6 hours.

H - I enjoy courses related to natural history best.

I - I try to do well.

J - I had lots of problems.

K - I didn't have many friends.

15. I can't...

A - stand to watch violent movies.

B - keep on my diet.

C - do as much as I want to do.

D - let myself love unconditionally.

E - is something I seldom say--I just try harder.

F - understand why I remain a "loner" when I enjoy being with people.

G - believe what is happening with our government.

H - seem to make my parents understand my academic goals.

I - run fast.

J - understand why people can be so misunderstanding.

K - ride horses because I'm allergic to them.

16. Sports...

A - doesn't interest me, unless it's skiing or bicycling.

B - are very interesting to me.

C - are fun to participate in, but not to watch on T.V.

D - usually bore me.

E - are of little interest to me, but I MADE myself write about them to plug a gap in my work record.

F - bore me.

G - are important, healthy and entertaining to me.

H - are good sublimation for less desirable activities.

I - are fun.

J - can be boring.

K - are fun.

17. When I was a child...

A - I was a loner who read alot.

B - I was more or less, a loner.

C - I was afraid most of the time.

D - I was usually alone.

E - I was quiet, shy, well-behaved--scared of nearly everything.

F - I was emotionally "out of the program."

G - I got anything I wanted, not the love I needed.

H - I was nervous and unhappy.

I - I was kind of bossy.

J - I felt lonely most of the time.

K - I was spoiled.

18. My nerves...

A - tend to be high-strung.

B - bother me at times.

C - hold up for long periods of time then they will completely frazzle.

D - don't give me any problem.

E - are simply electrical conductors like electric wires.

F - give way sometimes, but haven't yet "snapped".

G - could overwhelm me if I don't watch it.

H - are in good shape right now.

I - are fairly stable.

J - are really bad lately.

K - are frayed.

19. Other people...

A - bring joy and vitality into my life.

B - annoy me when they make cruel remarks about someone.

C - can go jump.

D - are not that important to me, I'd like to have them with me, but if they aren't that's okay.

E - usually like me and I try not to be too concerned about the misguided ones who don't.

F - interest me.

G -

H - seem to need socializing more than I do.

I - are generally good.

J - can be so helpful.

K - seem happier.

20. I suffer...

A - at times, through long, nightmare-prone nights.

B - because I can't see my daughter as often as I would like to.

C - when I see kids or animals hurt.

D - from a lack of self-confidence.

E - terribly when I have the flu or a cold--very little otherwise.

F - most when I think I've hurt someone.

G - from hangovers.

H - when I have to talk in front of a group.

I - when I watch people or animals tortured in a movie.

J - from a bad cold.

K - inside.

21. I failed...

A - to complete my B.S.W., so I completed a B.S. instead.

B - in very few things I've attempted.

C - some classes last semester.

D - with relations with some people.

E - a class in college because the teacher didn't turn my grade in--it kept me from making phi beta kappa.

F - at being an (long suffering) understanding wife concerning husband's alcohol problems.

G - when I promised myself not to drink anymore.

H - in my marriage.

I - a class in my major.

J - at alot of things in my lifetime.

K - to get a good education.

22. Reading...

A - is often very supportive and interesting.

B - is one of my favorite hobbies.

C - is one of my great escapes.

D - is one of my greatest hobbies.

E - is a joy, a recreation, a solace, a way of learning and expanding my horizons.

F - early American and Biblical history intrigues me.

G - and learning are important in my life.

H - is one of my favorite leisure activities.

I - is a wonderful way to learn.

J - is so relizeing [sic].

K - is enjoyable to me.

23. My mind...

A - is active, and often engaged with something.

B - is fine.

C - wanders when I don't like doing whatever it is that I'm doing.

D - seems to be going lots of places at the same time.

E - is a beautiful thing--I never cease to marvel at the things it can do.

F - is clear most of the time when not under stress.

G -

H - is on the mend.

I - is usually clear.

J - is really mixed up at times.

K - is just fine.

24. The future...

A - holds many options for me.

B - looks bright.

C - is bright for me.

D - seems exciting.

E - looks good, although I have some probably silly worries.

F - can only be better.

G - will be better for my children's sake.

H - looks much better than the past.

I - is exciting.

J - has alot in store.

K - is uncertain.

25. I need...

A - companionship and lots of caring touch.

B - more time for the things I like to do.

C - time to be by myself.

D - to have a child.

E - very little except what I already have or can scrounge up.

F - companionship--I have friendship.

G - the love my family gives me, and to be understood.

H - to write more free lance articles.

I - love and friends.

J - some time by myself.

K - more love and attention.

26. Marriage...

A - can be stifling or enriching.

B - is not for everyone.

C - sucks.

D - might be nice someday.

E - appeals to me, but I'll be more careful next time.

F - would be nice if two people can love and respect each other.

G - can have its ups and downs, communication and honesty are important.

H - can be lovely or hell.

I - is something I hope is in my future.

J - can be very confusing at times.

K - is hard.

27. I am best when...

A - I'm dancing, hiking or bicycling.

B - I can see I've accomplished what I've set out to do.

C - I'm under pressure and alone.

D - I am working at more things than I can finish.

E - I'm well-rested, well-loved and not too many shitty things happening to me.

F - with children.

G - I've had a good night's sleep and the kids aren't crying.

H - I am alone for long periods, in a quiet place.

I - I get up in the morning.

J - I can do the things I like.

K - I'm in the middle of my menstrual cycle.

28. Sometimes...

A - I feel very lonely and lost.

B - I wish I could have taken piano lessons.

C - I would like to take my backpack and hit the road.

D - I'm scared I'll succeed and won't know what to do then.

E - I'd just like to get in my pickup and head South to sunshine, warm beaches, palm trees and hibiscus.

F - I miss my mother and sister terribly.

G - I wish I were rich enough to "escape" for the day.

H - I enjoy other people, but they often confuse/hurt me.

I - I like to be alone.

J - I feel really confused.

K - I go crazy.

29. What pains me...

A - is having unfulfilled needs.

B - is the way our federal government is being run.

C - is self-righteous people who want everything done the way they would do it.

D - is keeping my checkbook straight.

E - sometimes is arthritis--getting older is fine except for that.

F - is when parents abuse children.

G - is poverty.

H - are "friends" who are false.

I - is when I see animals suffer.

J - is seeing my son in pain.

K - is to see children suffer and hurt.

30. I hate...

A - waiting tables.

B - nothing--I dislike the word hate.

C - people.

D - people who try to intimidate me with violence.

E - cold weather.

F - the thought of being alone for always.

G -

H - women who display themselves sexually.

I - doberman pinchers (sp?).

J - it when people cut down someone who [is] not there.

K - the actions of others who hurt other people.

31. This place...

A - offers many avenues for adventure.

B - is a nice city to live in, I love (state) .

C - is interesting.

D - is very peaceful.

E - is not my favorite town.

F - is quiet.

G - is quiet.

H - on the High Plateau is peaceful and comfortable.

I - is nice.

J - is a real friendly place.

K - does not bother me.

32. I am very...

A - exuberant and diverse.

B - content with my life.

C - proud to be me.

D - hyper.

E - "up" most of the time--I enjoy life perhaps more than most people do.

F - understanding when my children visit with concerning personal problems.

G - restless as I write this.

H - much in love with (boyfriend's name) .

I - comfortable in a crowd.

J - happy around my son.

K - co-ordinated.

33. The only trouble...

A - with living alone, is feeling lonely at night.

B - is I don't manage my time as well as I should.

C - is that I would like to be married, but I don't believe there are any men that can be trusted out there.

D - I have right now is money.

E - is I occasionally get myself into predicaments from which it's difficult to extricate myself.

F - with me is--I'm alone.

G - with life is that I only have one.

H - is that he boyfriend is an alcoholic.

I - with my friend, (name), is that she's always late.

J - is there is not enough love in the world.

K - with life is it goes too fast.

34. I wish...

A - I could live on a farm or ranch.

B - I could have spent more time, as an adult, with my mother.

C - I could meet a nice man that I could trust.

D - I could get my dream of a gifted/talented school to come true.

E - I had a job on a medium-to-large newspaper as a police reporter.

F - my family was closer.

G - all of my hopes and dreams will come true.

H - he [boyfriend] would drink less.

I - I had a million dollars.

J - I could give my son more.

K - I had a million dollars.

35. My father...

A - is distant and unrealistic about me.

B - is no longer living.

C - I hate.

D - has no backbone and has lost his identity.

E - was a good man in many ways, but didn't relate well to his own children.

F - disliked me and hurt me alot.

G - is an alcoholic, I wish he'd quit, he is a very good man.

H - is a hostile man.

I - could be warmer.

J - is real hard to understand.

K - never saw me.

36. I secretly...

A - would like to marry a compatible companion.

B - admire young women who manage their families and a career.

C - would like my dad to die, if only it wouldn't hurt my mom so.

D - wish I had more money.

E - do or think very little--I'm a very "open" and "above-board" person.

F - wish for a high school male friend to want me.

G - wish I were president.

H - abhor him [father].

I - would like to be a playboy bunny.

J - wish I was very rich.

K - want to have an affair with (man's name) .

37. I...

A - am a student of life.

B - am me.

C - am doing alright.

D - wish I could be a better risk taker.

E - am glad I'm almost done with this form!

F - like people.

G - hope I can get some coke soon, I love it.

H - wish I had had a loving, supportive father, with some intellect.

I - would like to go to Europe for a year.

J - can't believe the way people let other[s] suffer.

K - am not happily married.

38. Dancing...

A - brings me great joy.

B - is very enjoyable, I'd like to be able to do it more often.

C - is one thing I've always dreamed of being able to do well.

D - is hard for me.

E - is like reading, a joy, a recreation, but also good exercise. I thoroughly enjoy dancing for hours.

F - pains me 'cause I can't do it.

G - is relaxing and makes me feel good.

H - can be fun, especially after a few drinks.

I - is fun.

J - is alot of fun.

K - is great!

39. My greatest worry is...

A - losing myself and/or being dominated.

B - that in my later years I won't be able to take care of myself.

C - that I will die before my daughter grows.

D - money.

E - the same as "my greatest fear"--#13.

F - do my children really love me--especially my older son.

G - losing my cool with my children.

H - money.

I - that I'll go into debt.

J - what is going to become of my son.

K - not raising my children up right.

40. Most women...

A - are very sensual.

B - have their "act" together.

C - are too self-sacrificing.

D - could do more if they tried.

E - have been trained to be passive, to think of themselves as second rate--this makes it difficult for them to stand up for their rights.

F - talk dirty and say vulgar and suggestive things around men--this bothers me.

G - get what they want out of life.

H - are unhappy alone.

I - are good.

J - have alot of secret fears.

K - feel like I do.

APPENDIX F
INDIVIDUAL DATA FROM STRUCTURED INTERVIEW

TABLE F-1
INDIVIDUAL DEMOGRAPHIC DATA

	A	B	C	D	E
Age	28	58	25	38	45
Ethnic ID.	W	W	W(ss)[a]	W	W(ss)[a]
Marital Status	Single	Married	Divorced	Divorced	Divorced
No. of Previous Marriages	0	0	1	1	2
Unmarried, in Relationship				X	
Number of Children		1	1		3
Education (yrs.)	16	12	14[c]	17[c]	17[c]
Employed	N	N	Y	Y	N
Subject's Annual Income	$ 500	$ 0	$ 3,500	$22,000	$18,000
Total Family Income	$ 4,500	$16,700	$ 8,500	$22,000	$19,200
Religious	"Spiritual"	Somewhat	N	Y	N
Religious Denomination	Eastern Religion[e]	Episcopal	Athiest[e]	Methodist	Agnostic[f]

a. Caucasian with Spanish Surname.

b. Pregnant.

c. Currently enrolled in school.

d. Obtained G.E.D.

TABLE F-1--extended

F	G	H	I	J	K	Mean
55	24	40	23	19	26	33.7
W	W	W	W	W	W	
Divorced	Married	Divorced	Single	Married	Married	
2	0	1	0	0	0	
		X	X			
3	2			1[b]	2	
12	11	17[c]	18[c]	10	10½[d]	14
Y	N	N	Y	N	Y	
$14,000	$ 0	$ 8,000	$ 7,000	$ 600	$ 700	$ 6,754
$14,250	$30,000	$ 8,000	$19,000	$ 4,326	$ 8,100	$14,052
Y	N	Y	N	Somewhat	Y	
Mormon	Greek Orthodox	Congre-gational	Episcopal	Assembly of God	Nazarene	

e. Originally Baptist.

f. Originally Episcopal

TABLE F-2
INDIVIDUAL ABUSE DATA

	A	B	C	D	E	F	G	H	I	J	K	Mean
Abuser #1	Mother	Father	Father	Mother	Father	Father	Mother	Father	Mother	Father	Mother	
Age 1st Abused	12	4	3	6	18	3	11	4	12	2½	9	7.7
Length of Abuse[a]	8	12	13	14	[b]	4	5[c]	2½	4[c]	1½	7	
Frequency	2-3/mo.	2/mo.	[d]	8/mo.	1 Time	4/mo.	4/mo.	[e]	20/mo.	3 Times	4/mo.	
Age Abuse Ceased	20	16	16	20	18	7	17	25	17	4	19	
Abuser #2	Step-Father			Brother		Sister-In-Law				Step-Father		
Age 1st Abused	13			14		6				11		
Frequency	2-3/yr.			12 Times		1/day				11 Times		
Age Abuse Ceased	20			16		7				14		
Abuser #3						Grandmother						
Age 1st Abused						7						
Frequency						4/mo.						
Age Abuse Ceased						11						
Abuser #4						Foster-Mother						
Age 1st Abused						14						
Frequency						1-2/mo.						
Age Abuse Ceased						16						
Overall Rating												
Severity	4	6	5	5.5	6	6	6	5	6	5	4/7	5.45
Impact	7	2	6.5	7	5.5	6	7	6	4	3	3	5.13
Abused Since Leaving Home	Former Boyfriend		Ex-Husband	Ex-Husband	Ex-Husband	Ex-Husband		Ex Husband	Former Boyfriend		Husband	
Abusive Toward		Sister, Only Daughter	Only Daughter		Oldest Son	Oldest Son		Ex-Husband	Mother, Sister		Mother, Oldest Son, Husband	

a. In years.

b. Only abused once.

c. Abuse ceased for one year.

d. Every day for several weeks, every 2-3 months.

e. Once every 2-3 months.

TABLE F-3
INDIVIDUAL RESPONSES REGARDING SELF-DESTRUCTIVE AND PROBLEM BEHAVIORS

	A	B	C	D	E	F	G	H	I	J	K
Academic Problems	X[a]	X	X	X		X	X	X	X	X	X
Runaway Attempts	2			25			3	1	3	49	10
Suicide Attempts			1	3					2		1
Suicide Gestures and Threats	X	X		X		X					X
Self-Biting					X						X
Self-Cutting									X		
Self-Burning											
Hair-Pulling		X		X[b]					X		X[b]
Head-Banging						X					X[b]
Recurring Nightmares	X	X	X	X	X	X	X	X	X	X	X
Strong Fears/Phobias	X	X	X	X	X	X	X	X	X	X	X
Trouble regarding Sexual Behavior	X			X			(X)[c]			(X)[c]	(X)[c]
Trouble with the Law (Arrested)				X			X		X	X	
Delinquent Behavior[d]	X		X	X			X		X	X	X

Alcohol Abuse	X		X		X			X	X	X	
Current Alcohol Use		X	X	X	X		X	X	X		X
Past Drug Abuse	X				X		X		X	X	X
Current Drug Use	X						X		X		
Number of Jobs since Age 18	33	1	9	18	15-20	9	50	10	4	4	12
Number of Times Fired from Job	5		1	7	1	1	1			2	1

a. X indicates a "yes" response.

b. Engaged in as an adult.

c. Parentheses indicate pregnancy out-of-wedlock; subject did not respond "yes".

d. Includes illegal behavior for which subject was not arrested.

TABLE F-4
INDIVIDUAL TRUST RATINGS

	A	B	C	D	E	F	G	H	I	J	K	Mean
Trust of Women[a]	3	4	3	3	1	4	4	4	3	4	2	3.18
Trust of Men[a]	5	3	6	6	1	4	2	5	2	5	3	3.82

a. Seven-point scale (1 = Very Trusting, 7 = Very Distrusting).

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BIOGRAPHICAL SKETCH

Jean Shorb Wisner was born in Baltimore, Maryland,on Febuary 1, 1948,to Marie von Gunten and James Robert Wisner. The oldest of six children, she was raised in Baltimore County and attended public schools there. During high school she was active in sports, student government, and various student organizations, including the National Honor Society. In 1965, she was selected as a representative to Maryland Girls'State. During the summer of 1965, she studied at the University of Rheims in France and graduated in 1966 from Franklin Senior High.

In 1970, she received her bachelor's degree in psychology from Hood College where she received the Frances C. Cutujian Prize in Psychology and was a member of the Dean's List. While at Hood, she was also selected as an exchange student to Morgan State College in Baltimore, Maryland. Her master's and specialist degrees in counselor education were granted from the University of Florida in 1975.

She was employed as an employment interviewer with the Utah State Department of Employment Security and as a staff counselor at Colorado Women's College and University of Colorado--Denver. She has traveled in the Far East and extensively throughout the United States.

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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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